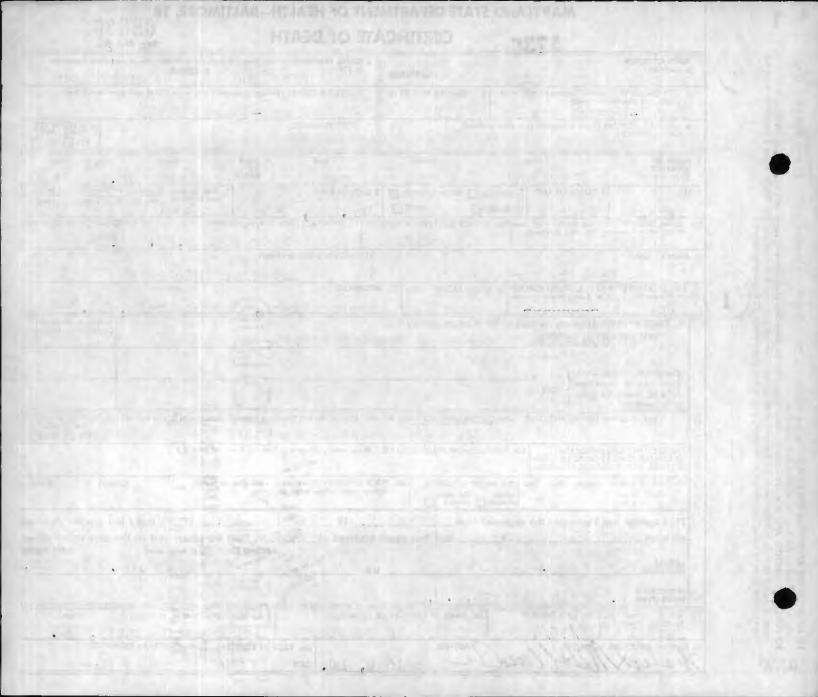
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requires that the death



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any delay is necessary, please executed certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the major director. Page 4 should be to forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be region for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, crematalon, ar remayal, and in any premarithin 72 hours after death.

VS. A15ME 5M 2/57

| 571 MEDICAL EXAMINER' | S CERTIFICATE OF DEATH | 1.884 |
|--|--|--|
| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residen | ce before admission) |
| o. COUNTY Dorchester MARYLAND | o. STATE Maryland b. COUNTY Dor | chester |
| b. CITY OR TOWN If outside corporate limits, write RUFAL c. LENGTH OF STAY IN 16 and give recircul town) Cambridge | c. CITY OR TOWN (If outside corporate limits, write RURAL and X Rural Cambridge | give nearest town) |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | / d. STREET ADDRESS | e. IS RESIDENCE |
| Cambridge Maryland Hospital | R.F. D. # 2 | YES NO |
| 3. NAME OF DECEASED First Middle | van 4. DATE Month Of DEATH May 3 | Doy Year 0 19 60 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH P. AGE (In years IF UNDER) | YEAR IF UNDER 24 HRS. |
| Male Negro WIDOWED DIVORCED | Sept. 15 1015 Just birthdoy Months D | lays Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) | | EN OF WHAT COUNTRY |
| Laborer Food Packing | Maryland | US A |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| Daniel Bryan | Mary Elliott | |
| | INFORMANT Address | |
| Yes WW II 217-10-8474 M | rs. Thomas Bryan Rt. 2 Cam | bridge, Md |
| 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] | | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: Intracranial in | n jury | i Hr. |
| DUE TO | | AL 222 |
| Conditions, if ony, which) (b) Multiple frac | tures skull | 1 Hr. |
| gove rise to immediate couse | and the property of the proper | |
| (a), stoting the underlying DUE TO | | |
| PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING Was passenger in | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. | Enter nature at injury in Part I ar Part (t of item 18.) | |
| | carin collision with anoth | er car. |
| 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA | CE OF INJURY (Hame, form, 120f. (City or town) (Coun | ty) (State) |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA 6: 40 p.m. 5/30 1960 of work of work 2 Bt. | tory, street, office bldg., etc.) Cambridge. Dor. | Md. |
| 21. I certify that I took charge of the remains described abo | | and in my |
| apinian death resulted fram: Natural causes [], Accident | | |
| LACTUAL Q = = 0 | | DATE SIGNED |
| SIGNATURE THE STATE OF THE STAT | M.D. CHIEF MEDICAL EXAMINER | |
| EXAMINER'S John Mace Jr. M.D. | ASSISTANT MEDICAL EXAMINER 6/4/60 | |
| 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF | R CREMATORY 72d, LOCATION (City, town, or county) | (Stole) |
| Burial 6/5/60 Cordtown Ge | emetery Nr. Cambridge, Do | or. Md. |
| Herbert StClair Cambridge, Md. | 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN DATE 246. REGISTRAR'S SIGN Chilling & HO | |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 57 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY Page I director. Page or your files. e. STATE b. COUNTY Dorchester Co. Maryland MARYLAND Dorchester Co. b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Board of write RURAL and give nearest town) Cambridge, Maryland. | Iife
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ambridge. d. STREET ADDRESS refained State YES NO Maryland Hospital. D.O.A. Cambridge, Md. NAME OF DECEASED the PM3. Page 5 may be represented to with the (Type or print) DEATH Clifton 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months 8. Give Pages 1, 2, and WIDOWED DIVORCED 2 yrs. IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Labor Maryland U.S.A. Labor Piform PM3. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Clifton Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Lillie Cox (Yes, no, or unkown) ((If yes give war or dates of service) Office along with for burial-transit permit, movel, and in any e No. Mrs. Edgar Burton, R.F.D.# 2, Cambridge, Md. in pencil in Item Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY Coronary occlusion IMMEDIATE CAUSE (a) Abt. 1 Office DUE TO removal, Conditions, if env. which (6) gave rise to immediate cause Examiner's 63 pending DUE TO 200 (a), stelling the underlying ᆼ cause last. pesn ion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 9 execute the certificate, writing the word Medical plnous 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY [or CONTRIBUTING [CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 its designated agent, prior to burl 2Dd, INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, * 20f., (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 21. I certify that I look charge of the remains described above, held an Autopsy . Inspection xx. and in my opinion Suicide , Undetermined manner Natural causes X death resulted from Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) John Mace Jr Address (Street, city, town, or county) 226, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 40 Burial Dorchester Memorial 23. FUNERAL DIRECTOR VS. IFISME Le Compte Funeral Service, Cambridge, Md. 5M 7/59

e. IS RESIDENCE ON A FARM?

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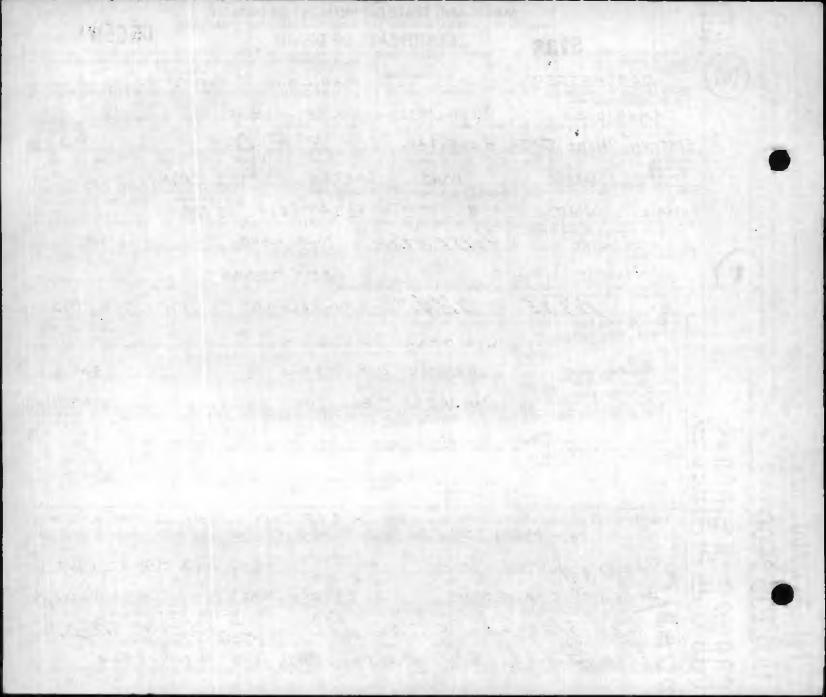
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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| | 5738 | CERTIFIC | ATE OF DEATH | 4 | 119003 |
|-------------------------|---|---|--|---------------------------------|---|
| 1, PLACE o. CO | OF DEATH UNITY DORCHESTER | MARYLAN | CTATE | b. COUNTY | |
| b. CIT | Y OR TOWN (If outside carporate limits, w RAL and give nearest town) | rite c. LENGTH OF STAY IN 1 | b c. CITY OR TOWN (IF | outside corporate limits, write | |
| d. NA OR | AMBRIDGE ME OF HOSPITAL (If not in hospital, give s INSTITUTION | | d. STREET ADDRESS | = HILL | e. 15 RESIDENCE ON A FARM? |
| 3. NAME | TERN SHORE STATE | HOSPITAL Middle | last | 4. DATE Mo | YES NO |
| DECEA | ASED GRACE | MAE | CARTER | OF DEATH | 10.4 |
| 5. SEX | | MARRIED NEVER MARRIED | | 9. AGE (In years | FUNDER 1 YEAR IF UNDER 24 HRS |
| FEM | | DOWED DIVORCED | | lost birthday) | |
| 10o. USU | AL OCCUPATION (Give kind of work done no most of working life, even if retired) | 106. KIND OF BUSINESS OR IN | DUSTRY 11. BIRTHPLACE (Stot | | 12. CITIZEN OF WHAT COUNTRY |
| 3 | FOUSE WIFE | HOUSENON | MARYI | LAND | USA |
| 13. FATH | ER'S NAME | | 14. MOTHER'S MAIDEN | NAME | |
| | WILLIAM WILL | - / | EMMA | | |
| 15. WAS (Yes, no, or | DECEASED EVER IN U. S. ARMED FORCES? unknown) (If yes, give war or dates of service) | | 7. INFORMANT | Add | dress |
| - | VO NONE | 1 | HOSPITAL RECO | RDS CAM | BRIDGE MA |
| 18. | CAUSE OF DEATH [Enter only one couse | per line for (o), (b), and (c).] | | | ONSET AND DEATH |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | CORONARY | OCCLUSION | | |
| | DUE TO (b) | CEREBRAL | HEM ORRHAGE | | 3 MOS. |
| COV | ve rise to immediate se (a), stating the <u>under</u> or out to be greated by the under to the under to the under the und | DIABETES | MELLITUS | | OVER 11 4R |
| ATION | PART II. OTHER SIGNIFICANT CONDITION | ONS CONTRIBUTING TO DEATH | | MINAL DISEASE CONDITION G | IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO |
| □ OR C | | DESCRIBE HOW INJURY OCCU | IRRED. (Enter nature of injury is | Port I or Port II of item 18.) | |
| WEDICAL | Hour o. m. | 20e While Not while t work of work | PLACE OF INJURY (Home, fail factory, street, office bldg., e | rm, 20F. (City or town) | (County) (State |
| | certify that (I) (this haspital) at | | | | 2, 19,60, that (I) (we) los |
| | SIGNATURE | Z.SITEE, Ond Inc | ar death occurred di 72 | om, from the couses of | 22b, DATE |
| 22c. | Harry g. En | wford: | | MED. STAFF PHYS X | MAY. ZZ, 1960 |
| | NAME (Type) | F-ORD | | HORE STATE HOSE | TAL CAMBRIDGE MC |
| | IAL, CREMATION, 236, DATE THEREOF | 23c. NAME-OF CEMETER | Y OR CREMATORY | 23d. ŁOCATION (City, town, | or county) (State) |
| 24. FUNE | RAL DIRECTOR'S SIGNATURE | ADDRESS | 250. REG | | SISTRAR'S SIGNATURE |
| 110 | - + 1 + Devision (& | seel - Li | TSTON INTON | 24'60 Ont | hur S. Kraus |

moy be need by the haspital or attending physician.

Deune: Director: After this certificate has been signed by the attending physician and campletely fille page 3 should be detached for use as the buriof-transit permit. Then please remove-carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, ond in any event, within R hours after death. TO FUNE



FOR STATE HEALTH DEPT.

ed within 24 hours after death. If any delay is necessary please tem. 18. Give Pages 1, 2, and 3 to the self-page income PM3. Page 5 may be research form PM3. Page 5 may be research files. It permits. File pages 1 Dayl 2 with the Store Board of Health, and in any event within 72 hours after death.

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| 6 | - | ML. | TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit | or its designated agent, prior to burial, cremation, at removal. |
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| 44 | | 151 | A.F. | |
| · 2. | executy certificate, writing the word "pending" in pencil in It | 1 | - | |
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| MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 18 0 5 0 0 0 |
|--|---------------------------|
| MEDICAL EXAMINER'S CERTIFICATE OF DEATH | (1009() Reg. Dist. No. |
| 2 USUAL RESIDENCE (Where deceased lived. If institu | ution Residence before |

| | 2741 | | | | | | Keg | g. Dist. 140. | |
|---|--|-------------------|------------------------------|-----------------------------------|--------------------|--------------------|-----------------|-----------------|---------------------------------|
| PLACE OF BEATH | 100 | | | 2 USUAL RES | IDENCE (Where | deceased lived. | f institution R | eridence befor | e adm ssion) |
| a. COUNTY | rchester | | MARYLAND | O STATE | Marylan | d b | COUNTY | Somerse | t |
| b CITY OR TOWN | (flourside carporate limits, write | e RURAL | c. LENGTH OF STAY IN 16 | c. CITY OR | TOWN (f outse | de carporate limit | s, write RURAL | . ond give near | rest lown) |
| Cambri | | | 7 days | | Crisfie | 3.4 | | 10 | 727 |
| | | If not in ha | spital, give street address) | d STREET A | | 10 | | 1 1. | S PE DEN E |
| | Shore State | | | 200 | Taguat | Stanot | | | YES NO T |
| 3 NAME OF | Fire | - | Middle | lost | Locust | | Month | | |
| (Type or print) | | | Vernon | | 0 | F CATAL | | Doy | Year |
| 5. SEX | | liam | ED NEVER MARRIED 8 | Coll | 1112 | 9 AGE (In | ay BEIN | DER THEAR 16 | 19 60 |
| | | | _ | DATE OF SIXIN | | faut berthel | Monti | | Hours Min. |
| Male | White | WIDOWE | | est To mening | 1870? | 907 | yrs | | L |
| during most of wor | king life, even if relired) | cone lub | KIND OF BUSINESS OR INDUST | RT 17 BIRTHPL | ACE (Stote or tor | reign country) | 12 | CITIZEN OF Y | WHAT COUNTRY |
| *** | | | • | | Unknow | n | | | Solo |
| 13. FATHER'S NAME | The Year | 14. MOTHER'S | MAIDEN NAME | _ | | | | | |
| | Unkne | THIR | | - | Ua | knewn | | | |
| 15. WAS DECEASED (Yes, no. or unknown) | EVER IN U.S. ARMED FO. I (If yes, give was or dates of | | SOCIAL SECURITY NO 17. IN | IFORMANT | | / | Address | | |
| No | | | _ Eas | stern Sh | ore Sta | te_Hospi | tal Rec | eords | |
| 18. CAUSE OF D | EATH Enter only one cau | se per line | | | | | | NTERVA | L BETWEEK |
| PART I. DI | EATH WAS CAUSED BY. | | Corenary eccl | and an | | | | ONSET A | AND DEATH |
| 1 0 | IMMEDIATE CAUSE (a) | | GATCHETT ACCT | FW 7. 664 | | | | | J. Little |
| Canditians, if | DUE TO | | | | | · /· | | | |
| gave rise to imm | nediate cause (| | | | | | 6 | | |
| (o), slating the | | | | | | | | | |
| couse lost. |) (c) | | ONTERNITORIO TO CLASSICATION | OT BELLYED TO | THE VERYINGS OF | Service Control | | | |
| PARI II. | THER SIGNIFICANT CON | טוווטאז <u>כא</u> | ONTRIBUTING TO DEATH BUT N | OI KETATED LO | THE TERMINALD | DEASE CONDITION | ON GIVEN IN | PART 1(o) 119, | WAS AUTOPSY PERFORMED? |
| 3 | | | | | | | | YES | S NO |
| PART II. C | ONTRIBUTING () | b DESCRIB | E HOW INJURY OCCURRED (E | nler nature of in | jury in Fort Lor I | fort It of Hem 18 |) | | |
| | н. | | | | | | | | |
| 20c. TIME OF IN. | | | INJURY OCCURRED 20c. PLACE | E OF INJURY (Fory, street, affice | tome, form, 20! | (City or town) | | (County) | (Stote) |
| Hour et. I | | While of we | ork of work | 7, 211441, 411166 | 1 | | | | |
| 21. I certify | that I toak charge | of the | remoins described obo | ve, held an | Autopsy | , Inspection | Inc | oiry . | ond in my |
| | | | couses 📆 Accident [| | Hami | | Times of | ed monner | · |
| 1 dp.11.011 G201 | Control 1 | 1010111 | Accident | | - IIII | cide [], | norielmine | o monner | Locas |
| ACTUAL | V-1- | 2 | | CHIEF | SDICAL EVALUATION | ED [7] | | D | ATE SIGNED |
| SIGNATURE | 1 | | 1 Eng | _m.u | EDICAL EXAMIN | | | _ | In 14. |
| EXAMINER'S | / | | | | NT MEDICAL EXA | | | 5 | /31/60 |
| NAME (Type) | John Ma | | | | MEDICAL EXAMI | 7. | | | |
| 220. BURIAL CRÉMAT RÉMOVAL (Speci | IION, 226 DATE THEREO |)F | 22c NAME OF CEMETERY OR | CREMATORY | 22d | LOCATION (City, | town, or coun | iy) | (State) |
| Burial | June 3, | 1960 | Crisfield Cen | netery | , Ca | risfield | / | | Militardomasis, Militaras, Pada |
| 23. FUNERAL DIRECTO | | | ADDRESS Ma | | 240. REC'D BY I | EGISTRAR 246 | REGISTRAR'S | SIGNATURE | A |
| ы | radsnaw & So | nsU | risfield, Md. | | DATE | | | | |
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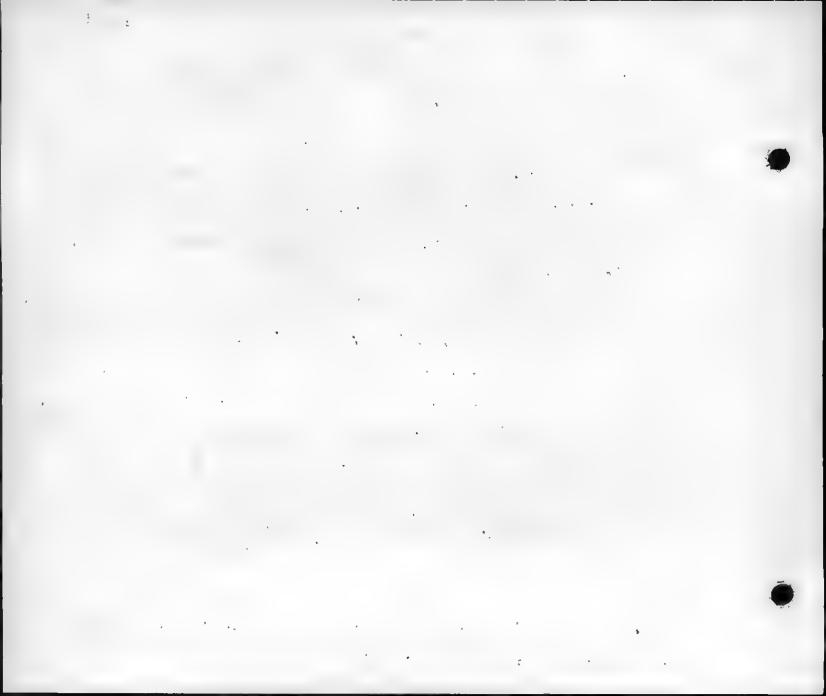
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5740

CERTIFICATE OF DEATH

(15691 Reg. Dist. No.

| - 1- | | | | | | | | | | | | | |
|------|---|---|---------------------|-------------------------------------|--------------|-----------------------------------|----------------|------------------------|--|------------|------------------|-----------|----------------------------|
| | o. COUNTY | rchester | | MARYLA | | - CTATE . | ence (wh | | d lived. If institu b. COUNT | | nce befo | | ion) |
| | b. CITY OR TOWN (I RURAL and give no I-fur Loc | f outside corporate limi parest towa) K — Nurlock | ls, write | c. LENGTH OF STAY IN | 116 | | | utside corpo ck – F | rote limits, write | RURAL and | give nec | rest towr | 1} |
| | d. NAME OF HOSPIT OR INSTITUTION NOAT Z | AL (If not in hospitol, g | ive street | address) | | d. STREET AC | odress lear | Z _{ion} | | | | | FARM? |
| | 3. NAME OF (Type or print) | Fir Octi | | Middle Woodvil | Le | Cork | ran | 4 DATE | May | nth | 23 Do | , | Year 19 60 |
| 1 | s. sex Male | 6. COLOR OR RACE | 7. MARR | NEVER MARRIED DIVORCED | | uly 25. | | 3 | 9, AGE (In years lost birthday) 86 yrs | Months | R 1 YEAR Days | Hours | ER 24 HRS Min |
| 1 | Oa. USUAL OCCUPATION during most of work parmer 3. FATHER'S NAME | ON (Give kind of work a king life, even if retired | Jone 10b. | KIND OF BUSINESS OR | INDUSTRY | 11. BIRTHPLA | CE (Stole | or foreign o | 40.00 | 12. CI | U.S. | | OUNTRY? |
| | | opher C. Co | | | | | za An | drew | | | | | |
| | (Yes, no. or unknown) | R IN U. S. ARMED FOR (If yes, give war or dates of s | ervice! | nknown | | mond F. | Cor | kran, | William | burg | , Md. | , R. | .F.D. |
| | Conditions, If o gove rise to i cause (a), stating lying cause lost. | mmediote (| Cerub Gene | rol arteris | ler. Eter | incler | into | freven | yperteno | son o | 10 | La ye | yes |
| | 3 arrent | En Libra | offions of | CONTRIBUTING TO DEAT | H BUT NO | of RELATED TO | THETERMI | NAL DISEAS | E CONDITION G | VEN IN PA | RT 1(o) 1 | PERFC | AUTOPSY ORMED? NO [] |
| | | AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OCC | URBAD. (I | Enter noture of | injury îm l | Port I or Por | t II of item 18.) | | | | |
| | 20c. TIME OF INJUR Hour a. m. p.m. | Y Month, Doy, Yes | While | NJURY OCCURRED Not while k ot work | | OF INJURY (H v, street, office | | | or town) | | (County) | | (Stote) |
| | 21. I certify it alive an | oot I oftended the | deceos 19 Jei | | leoth od | curred at | | at. | the couses of treet, city or town | | | stoted | |
| | 20 BURIAL, CREMATIC REMOVAL (Specify) HUTLB | May 26 | | 22c. NAME OF CEMET | ceme | rematory tery | | 22d. LOCA Nes | TION (City/town | 14 | ryla | (Stol | e} |
| | 3. FUNERAL DIRECTOR | s signature tom and Son | , Fed | ADDRESS ieralsburg, | Mary: | hand | | D BY REGIST | | ISTRAR'S S | IGNATU HAM | RE . | |



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| 10 | چ او م | = | γď | | |
| Ě | B 5 | Ę, | E | | |
| Ž | d d | e b | 7 | | |
| CLA | # H | å ÷ | e, | | |
| 751 | E 2 | 0 | tio. | | |
| H | 라 : | 25 | Ë | | |
| 0 | e Pi | ŝ | b | | |
| 5 | A Se | hed | 5 | | i i |
| NH. | 휷쯗 | ò | ۾ | | 100 |
| AT | è C | de | 0 | | 1 |
| TO HOSTITAL OR ATTENDING PHYSICIAN: The loss start that the distriction is executal within 24 hours after death. Page 4 | may be need by the haspital ar attending physicion. TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely fill. by the funeral director, | page 3 | the registror prior to buriof, crematian, or removal, and in any event within 72 hours ofter death. | | - |
| 17 | 5.0 | Š | d IC | | 3.4 |
| T | | ř. | stre | | |
| ISI | 3 2 | 63 | gal | | |
| Ŧ | 53 | 500 | 9 | | |
| 13 | - 0 | 1 | 400 | | |

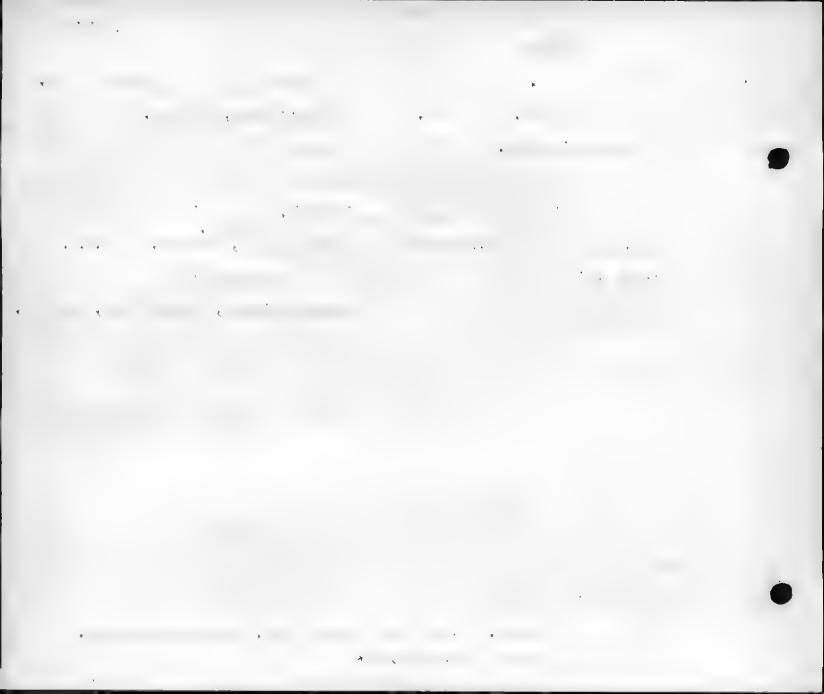
| | | | | | Reg. Dist. No. | |
|---|-----------------------------------|----------------------------|-------------------------|----------------------|----------------------|---|
| 1. PLACE OF DEATH g. COUNTY | | 2. USUAL RESIDENC | E (Where deceased I | | Residence before | e admission) |
| Dorchester | MARYLAND | | <i>faryland</i> | b. COUNTY | Dorche | ester |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | I (If outside corporal | le limits, write RUI | RAL and give nea | rest town) |
| Taylors Island | Life | X | aylors | Island | | |
| d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION | o ddress) | d. STREET ADDRE | SS | | | e. IS RESIDENCE ON A FARM? YES NO S |
| 3 NAME OF First | Middle | Lost | 4. DATE | Month | Da | y Yeor |
| (Type or print) Hanny | Hilton | Cornish | OF DEATH | May | 18. | 1960 |
| 5. SEX 6. COLOR OR RACE 7. MAR | | B. DATE OF BIRTH | | AGE (In years [| FUNDER 1 YEAR | IF UNDER 24 HRS. |
| Male Hegro woow | ED DIVORCED | June 13. | 1895 | lost birthday) | Months Days | Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. | KIND OF BUSINESS OR INDU | | State or foreign cour | ntry) | 12. CITIZEN O | F WHAT COUNTRY? |
| | Transportati | on Dorch | ester C | o. Md. | TJ8 | SA |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIL | | | <u> </u> | |
| Samuel F. C | ornish | | Mary | Cornis | h | |
| 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO 17. | NFORMANT | E #5/8 | Addre | | |
| | | Bradford | Cornish. | Taylo | rs Isla | ind. Nid. |
| 18. CAUSE OF DEATH [Enter only one couse per li | ne for (a), (b), and (c).] | | | | INTE | RVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: | Coronary Hea | art Diseas | 80 | | ONS | ET AND DEATH |
| DUE TO | | | | | | |
| Conditions, if any, which) [b] | | | | | | |
| gove rise to immediate | | | | | | |
| coese (o), stoting the under- | | | | | | |
| | CONTRIBUTING TO DEATH BU! | NOT RELATED TO THE | TERMINAL DISEASE (| ONDITION GIVE | N IN PART I(o) I | P. WAS AUTOPSY |
| PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER | • | | | | | PERFORMED? |
| 20g. ACCIDENT WAS UNDERLYING 20b. DES | CRIBE HOW INJURY OCCURRE | D. (Enter noture of inju | ry in Port I or Port II | of item 18.) | ···· | |
| | | | | | | |
| | 1. | ACE OF INJURY (Home | | r town) | (County) | (Slote) |
| Hour c. m. White of war | Not while | ctory, street, office bldg | ., erc.) | | | |
| 21. I certify that I attended the decease | ed from June | 1. 19 59 10 | May 18 | 1060 | that I last sa | w the deceased |
| alive an May 18 | 60 , and that death | | 7 | | | te stated abave. |
| | and that dealt | i accorred ac | ADDRESS (Street | et, city or town, st | a an the agi ote) | DATE SIGNED |
| ACTUAL WY Just | | M.D. 227 :: | ine St-C | ambridg | e. Md. | 5-20-6 |
| SIGNATURE | | m.v/e/e/i | | | | |
| PHYSICIAN'S J. Edwin Fass | ett, M.D. | | | | | |
| 220. BURIAL, CREMATION. 226. DATE THEREOF | 22c. NAME OF CEMETERY C | R CREMATORY | 22d. LOCATIO | N (City, town, or | county) | (Stote) |
| Burial 5/22/1960_ | Taylors I | sland | Tavi | | and. Mo | 3 - |
| 23. FANERAL DIRECTOR SAGNATURE | ADDRESS | | REC'D BY REGISTRA | R 245 REGIST | PAR'S SIGNATUR | f |
| Herbert M St Class | Cambridge | DAT | EMAY 23 '60 | Cull | un S. Plane | P. |
| | A BASIC IN THE TOTAL PARTY OF THE | 2 2 4 4 4 | | | | |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

0

VS A15 [4] 15M 9/58



FOR STATE HEALTH DEPT. TO DE TREDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a eley is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the eral director. Page 4 should be forwarded to the Chief Madical Examiner's Office along with form PM3_Page.5 may be refained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death.

VS. A1SME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MERYEAND 57 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05695

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived, if institution: | Residence before edmission) |
|--|--|-----------------------------|
| * Dorchester | a. STATE b. COUNTY | da |
| b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 | Maryland Dorches | pt . |
| write RURAL and give neerest town) | c. CITY OR TOWN (If outside corporete l'm'ts, wr'ta RURAL an | ed give nearest town; |
| Cambridge Life | / Cambridge | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS | . IS RESIDENCE |
| 219 West End Ave | 219 West End Ave | ON A FARM? |
| 3. NAME OF First Middle | Lest 4. DATE Month | Day Yeer |
| DECEASED | OF | Day 1661 |
| (Type or print) Peral Pearl Parks | Duncan DEATH May 25 | 19 60_ |
| S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B | 3. DATE OF BIRTH 9. AGE (In years IF UNDER | |
| Male White W DOWED X DIVORCED | May 3. 1986 Plast birthday) Months | Days Hours Min. |
| | | IZEN OF WHAT COUNTRY? |
| done during most of working life, even if retired) HOUSEWIIS Own Home | 20 0 0 | 7 0 4 |
| | | USA |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| Joseph Parks | Maggie Mc Coy | |
| 15. WAS DECEASED EVER NU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 | INFORMANT Address | ^ |
| (Yas, no, or unkown) ((Ifyesgive war or dates of sarvice) No M | rs Howard Willoughby Cambridge | Maryland |
| 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), | in management trees | I INTERVAL BETWEEN |
| DART I DEATH WAS CAUSED BY. | | ONSET AND DEATH |
| IMMEDIATE CAUSE (6) Myocardial infarcti | ion | 15 min |
| DUE TO | | ; |
| Conditions, if any, which \ (b) Coronary occlusion | | 15 min. |
| geve rise to immediate cause | | (|
| Coronary sclerosis | 8 | ? |
| | | T 1 al 10 WAS ALTOPSY |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | | PERFORMED? |
| 3 | | YES NO # |
| 206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (E COUSE OF DEATH. | Enfar natura of injury in Part I or Part II of Itam 18) | |
| CAUSE OF DEATH. | | |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED . 20e. PLA | ACE OF INJURY [Homa, farm, 20f. [City or town] (Cou | inty) (Stata) |
| | tory, streat, office bldg., etc.) | |
| | | |
| 21. I certify that I took charge of the remains described above, he | eld an Autopsy . Inspection # Inquiry # | and in my opinion |
| death resulted from. Natural causes . Accident . Suic | ide, Homicide, Undetermined manner | |
| | CHIEF MEDICAL EXAMINER | |
| SIGNATURE CLEVISOR HE WOLFF | M.D. ASSISTANT MEDICAL EXAMINER | DATE SIGNED |
| | DEPUTY MEDICAL EXAMINER | 25 May 1060 |
| EXAMINER'S NAME (Typa) Eldridge H. Wolff, M. D. | Address (Street, city, town, or county) Cambridge | 25 May 1960 e. Md. |
| 22a. BUR, AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF | R CREMATORY 22d. LOCATION (City, town, or country | |
| REMOVAL (Spacify) | | |
| | | rland |
| | aryland. WAY 31'60 Chellan & | GNATURE |
| Le COmpte Funeral Service Cambridge Ma | aryland DATE MAY 31'60 Chellus & | , 0,,,,,,, |
| | | |



Foxwell Family Cemetery

ADDRESS

Crapo,

DATE MAY 1 2 '60

24b. REGISTRAR'S SIGNATURE

Cirthur & House

VS A15 (4)

after death

certificate

death

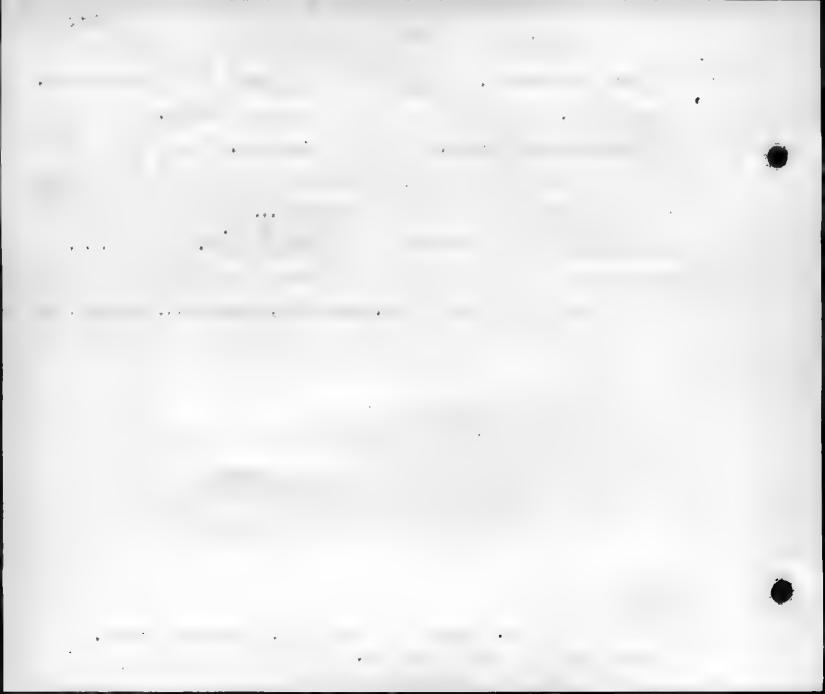


CEPTIFICATE OF DEATH

| | 571 | 5 | CLKIII | ICA I | OI DEA | | | Reg. Dis | t. No. | |
|------------------------------|--|------------------|-------------------------|-----------|-----------------------|-----------------|---------------------|--------------|--------------|-----------|
| 1. PLACE OF DEATH | | | | 2. | USUAL RESIDENCE (| Where decease | | | e before odm | ission) |
| S. COBATT | Dorchest | on Co | MARYLA | AND | 2.5 | chand | b. COUNT | | hester | Co. |
| b. CITY OR TOWN (If | outside carporate limi | | LENGTH OF STAY IN | 116 | c. CITY OR TOWN (I | | orate limits, write | | | |
| RURAL and give ne | | | | | 12 | | | | | |
| d. NAME OF HOSPITA | Md. | | Life | | | ridge, | Maryland | • | 46 B | ESIDENCE |
| OR INSTITUTION | se (ir nai in naspiiai, g | jive sireer ook | aressj | | d STREET ADDRESS | | | | ON | A FARM? |
| Cambridge | Marylan | d Hosp | ital. | | Rainbo | W Ave. | | | YES | NO |
| NAME OF DECEASED | Fir | st | Middle | | Last | 4. DATE | Mo | onth | Day | Year |
| (Type ar print) | Amv | | Hugh | 88 | Gore | OF DEATH | ٠ | | 17 | 19 60 |
| S. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | | ATE OF BIRTH | | 9. AGE (In year | | YEAR IF UN | |
| 273 | | WIDOWED | I Bran | | | | lost birthdoy) | | Days Havi | s Min |
| Female 100. USUAL OCCUPATIO | Mhite | | Land . | _ | 10/19/190 | lese | | | EN OF WHA | COUNTRY |
| during mast of warki | ng life, even if retired |) | AD OF BUSINESS OF | INDUSTRI | Dorches | ter Co | • | 12 (11) | EN OF WITH | CODITIE |
| Housewif | | | Housewife | | Andrews | | and. | | U.S.A. | |
| 3 FATHER'S NAME | | | | 1. | I. MOTHER'S MAIDER | NAME | | | | |
| Milton H | nghas | | | | Susia | Burto | 27 | | | |
| S. WAS DECEASED EVER | IN U. S. ARMED FOR | CES? 16. 50 | CIAL SECURITY NO. | INFO | MANT | | | dress | | |
| [Yes, no, or unknown) [I | f yes, gave war or dates of a | ecvica] | | | | | | | | |
| 10 | No | | No | Mr. A | lonza Gora | , Rair | DOW AVE. | Liamb | ridge, | Mary |
| | TH {Enter only one co | iusa per line i | for (a), (b), and (c).j | 1 | | | | | ONSET AN | D DEATH |
| PAKI I, DEAI | H WAS CAUSED BY. IMMEDIATE CAUSE (o |) | 0-26-6- | -1 | C.C. Licique | esta- | | | Jake 2 | |
| 450 | DUE TO | , | | 1 | pr | Lan | | | | |
| Canditians, if an | y, which) (b | . /1 | muches | · / | a lenter | keen | | | | |
| gave rise to in | mediote (| | /: | | 1 1 - | - 1 | 4 | | | |
| lying cause lost. | ue nuget- | (0 | need. | e A | cant t | actor | £ | | | |
| | FR S GNIF CANT CON | DITIONS CON | VIRIBITING TO DEAT | H BUT NO | RELATED TO THE TER | MINAL DISEAS | SE CONDITION G | IVEN IN PART | 1(a) 19 WA | S ALTOPSY |
| | 1000 | 1 1 | : ti - 1-1 | To the | 7.6. | - 6 | Luca | - 0 | PER | FORMED? |
| PART II. OTH | LA COMPLE | 4- 14 | TO SE FOR | 14-4-14 | Coraceto | arrect. | - Mile Silve | g with the | YES | NO [|
| 200. ACCIDENT WAS | S UNDERLYING ☐ ☐ CAUSE OF DEATH | 20b, DESCRI | BE HOW INJURY OCC | URRED. (E | nter nature of injury | ın Part I ar Pa | rt (Ist item 18.) | | | |
| (IF EITHER, NOTIFY | MEDICAL EXAMINER) | | | | | | | | | |
| Y 20c T ME OF INJURY | Manth Doy, Ye | | JRY OCCURRED 2 | | OF INJURY (Home, fo | | y or town) | (C | ounty} | (State |
| Hour o.m. | 19 | While at work | Nat while | raciary | street, affice bldg., | erc. J | | | | |
| - | | | | 2001 | | 7-1 | 100 | | | |
| 21. I certify the | at I attended the | deceased | , | | 19 <i>60</i> , ta | nun | 1.7., 19/2/ | that I la | it saw the | decease |
| alive an | | , 194 | , and that d | leath oc | curred at | | the causes a | | date stat | ed abav |
| | - 1 | | | | 12' | ADDRESS (| Street sity or low | stole) | D | ATE SIGNE |
| SIGNATURE | 11220 | 7. Econol | and the second | M.D. | 6 % | mbere | wet in | Marx | 5 | -20-6 |
| 7 | | | | | | - | 0 | | | |
| PHYSICIAN'S NAME (Type) | | | | | | | | | | |
| 20. BURIAL CREMATION | 22h DATE THERE | NE L | | | | 00.1 10.01 | TION IC' | | | |
| REMOVAL (Specify) | | | 22c. NAME OF CEMET | ERY OR CR | EMATORY | ZZd. LOCA | ATION (City, lawn, | , ar county) | [5 | late) |
| Burial | 5/20/1 | 960. | Dorcheste | r Men | | | bridge. | Maryla | nd. | |
| 3. FUNERAL DIRECTOR'S | | | ADDRESS | 100 | | C'D BY REGIS | | | NATURE | |
| Le Compte | Funeral Se | rvice, | Cambridge | , Md. | DATE | IN 1 16 | 0 an | thur S. F | Lines | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death

VS A15 (4) 1SM 9/SB



M.D. E.S. S. Hospital.

E-OF-CEMETERY OR CREMITTOR

Cambridge

town, or county)

24b. REGISTRAR'S SIGNATURE

22d_LOCATION

0.166

24c. REC'D BY REGISTRAR

DATE SIGNED

Stote)

toched f buriol, DIRECTOR: prior plop FUNE 67 abod the 0

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

BURIAL CREMATION

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

Thomas J. Dredge

(عد

22b. DATE THEREOF

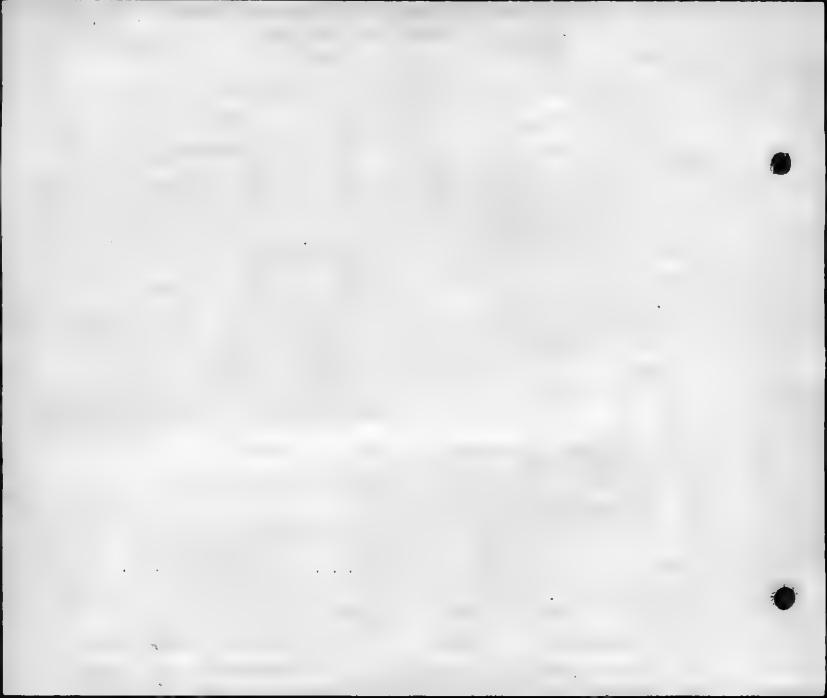
Page

death.

20

within

VS A15 (4) 15M 9/55

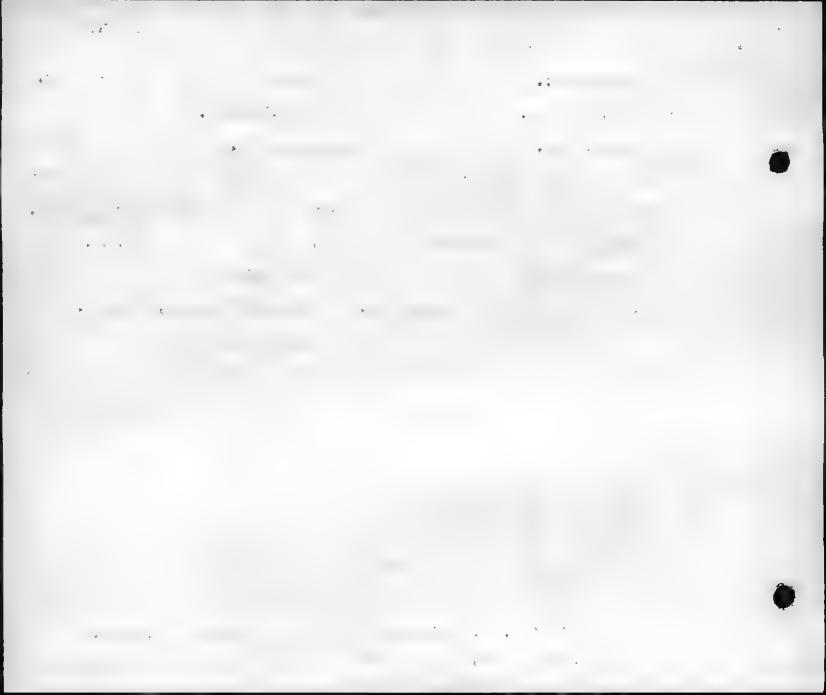


VS A15 (4) ISM 9/SB

| ARYLAND | STATE DEPARTMENT OF HEALTH—BALTIMORE, | 1805760 |
|---------|---------------------------------------|----------------|
| 5718 | CERTIFICATE OF DEATH | 103604 |
| n 4 T O | CERTIFICATE OF DEATH | Reg. Dist. No. |

M

| 1. PLACE OF DEATH o. COUNTY | | | 41 5 8 90 1 | - 11 | USUAL RESIDENCE | , | ed leved. If institution b. COUNTY | | | _ ` |
|---|---|--------------|----------------------|-----------|--------------------------|-----------------|------------------------------------|----------------|-----------------|----------------------|
| | ester Co. | | MARYLA | IND | Maryl | | | norch | | |
| b CITY OR TOWN (I RURAL ond give n | If outside corporate limit earest town) | s, write | c. LENGTH OF STAY IN | 4 1Ь ∰ " | CITY OR TOWN | | | RURAL and give | e negrest to | wn) |
| Cambridge | . Maryland. | | Life | 1 | Cambridg | e, Maryl | and, | | | |
| d NAME OF HOSPIT | TAL (If not in hospite, g | ive street o | address) | | d STREET ADDRESS | S | | | | ESIDENCE A FARM? |
| Hambroo | ks, Blvd. | | | | Hambrooks | , Blvd. | | | | □ NO X |
| 3. NAME OF DECEASED | Firs | at . | Middle | | Lost | 4. DATE | Mor | nth | Day | Yeor |
| (Type or print) | Lula | Bram | ble Hors | eman | | DEATH | 5 | | 18 | 19 60 |
| S SEX | 6. COLOR OR RACE | 7. MARR | IED NEVER MARRIED | 8. 0 | DATE OF SIRTH | | 9 AGE (in years lost birthday) | | | |
| Female | White | WIDOWE | DIVORCED | | Inknown | | Unknown | About | 75 Y | eurs. |
| 100. USJAL OCCUPATIO | ON (Give kind of work d | lone 10b. | KIND OF BUSINESS OR | INDUSTR' | 11. BIRTHPLACE (SI | tate or foreign | country) | T2. CITIZE | N OF WHA | T COUNTRY? |
| Housewi | king life, even if retired) Pa | | ousewife | | Maryla | nd | | U.S | - A - | |
| 13. FATHER'S NAME | | | OLOOHAL. O | | 4. MOTHER'S MAIDE | | | 0.00 | 9229 | |
| Goods | an Bramble | | | | Sarah | Aspler | 1 | | | |
| IS WAS DECEASED EVE | R IN U. S. ARMED FOR | CES? 16. | SOCIAL SECURITY NO. | INFO | PRMANT | - management/b | | lress | | |
| (Yes, no, or unknown) | (If yes, give war or dates of se | rvice) | Unknown | Mr | William | Wise. C | ambridge | . Marvl | and. | |
| | ATH [Enter only one co- | use per lin | | | | | | | INTERVAL | |
| | TH WAS CAUSED BY | | PULMON | 00 | V D | | 25-15-0 | | ONSET AN | ID DEATH |
| 12.20 | IMMEDIATE CAUSE (6) | | 0-1000 | 1-1- | Y D G | - COM | PEIVAIT | TION | | UMYS |
| - A | DUE TO | 1 | N DECA | | | - 11 | 7 7. | . = | 1.40 | DET |
| Conditions, if o | | - | MKIERI | 0 > 0 | EROTI | C 17 | -T. DI. | SEASE | 010 | NEI |
| couse (a), stating | | | | | | | | | | |
| lying couse lost. |) (c) | | | | | | | | | |
| PART II. OTH | HER SIGNIFICANT CON | DITIONS C | ONTRIBUTING TO DEAT | H BUT NO | OT RELATED TO THE TE | RMINAL DISEA | SE CONDITION GI | VEN IN PART 1 | a) 19 WA PER | S AUTOPSY FORMED? |
| 8 | | | | | | | | | YES [| □ NO □ |
| PART II. OTH | AS JNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESC | CRISE HOW INJURY OCC | CURRED. (| Enter nature of injury | in Part I or Po | ort II of item 18.) | | | |
| | Y Month, Day, Yea | - 170-1 - | NJURY OCCURRED 2 | n= PLACE | OF !NJURY (Home, ! | form 206 C. | hi na tawal | (Cou | | (State) |
| 20c. T ME OF INJUR | | While | Not while | foctor | y, street, office bldg., | etc.) | y or town) | (Cou | ntyj | (State) |
| ≥ p. m. | 19 | | c ot work | | | | | | | |
| 21. I certify th | not I ottended the | deceose | ed from File | 2- | 19 60 to | 5/11 | C 1960 | that I lost | saw the | deceased |
| olive on | 5/17 | , 19 6 | and that d | leath o | ccurred of | M. from | the couses or | nd on the o | ate stat | ed abave |
| | | | 1 | | | | Street, city or town | | بالسي | ATE SIGNED |
| ACTUAL SIGNATURE | achiel | R. | mana | when | 13 | GRA | CE ST | | 3% | 23/60 |
| 3IGNATURE | | | | M.L | | | | | | |
| PHYSICIAN'S NAME (Type) | 4LFRES | F | 2. MARY | IAN | ov C | AMB | RIDGE | | m | ! D |
| 220 BURIAL, CREMATIC REMOVAL (Specify) | | F | 22c. NAME OF CEMET | ERY OR C | REMATORY | 22d LOC/ | ATION (City, town, | ar county) | (\$1 | tote) |
| Burial | 5/22/196 | 50. | Cambridge. | Cent | erv | Can | mbridge. | Marvaan | d. | |
| 23 FUNERAL DIRECTOR | | | ADDRESS | | 24a. R | REC'D BY REGIS | | STRAR'S SIGN | | |
| Le Compte | Funeral Se | ervic | e, Cambridg | e, M | d DATE | UN 1 '6 | 0 and | Chur S. He | ALLA | |



VS A15 (4) 15M 10/57

| 1 | , |
|-----|-----|
| 1 1 | 1 . |
| 300 | |
| E | No. |
| ₹ | 1 |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05701

| | 571 | 4 | | | | | | | | Reg. C | Dist. No. | : | |
|--|---|------------|---------------|--------------|----------|-----------------|-------------|---------------|----------------------------------|----------------------------|------------|-----------|--------------------|
| 1. PLACE OF DEATH | | | | | 2 | USUAL RESID | ENCE (Wh | era decease | d lived. If institu | | ence befo | re odmis | ision) |
| | Oorchester (| 0. | | MARYLAN | ND | | rylar | nd | b. COUNT | | rches | ster | Co. |
| b. CITY OR TOWN (RURAL and give n | If outside carparate limit | s, write | c. LENGTH | OF STAY IN | 1Ь | c. CITY OR T | OWN (If o | utside corpo | rate limits, write | RURAL one | i give nec | prest tow | rn) |
| Cambric | ige, Marylar | | 1 Da | ay | | ×. Can | bride | e. Ma | ryland. | | | | |
| d NAME OF HOSPI OR INSTITUTION | TAL (If not in hospital, gi | ve street | oddress) | | | d STREET A | DDRESS | | | | | e. IS RE | SIDENCE A FARM? |
| Cambridge | Maryland, | Hos | pital | | | R.F.D. | # 3, | Cambr | idge, Ma | uylaı | nd. | YES | NO |
| 3. NAME OF DECEASED | Firs | 1 | | Middle | | Losi | | 4. DATE OF | Mc | onth | Da | ay . | Year |
| (Type or print) | Bertha | - | lover | | bar | 1 | | DEATH | | 5 | 1 | 3 | 1960 |
| 5 SEX | 6 COLOR OR RACE | 7. MARR | IED X NEV | ER MARRIED [| 8. 1 | ATE OF BIRTH | 1 | | 9 AGE (In year lost birthday) | | | Hours | Min. |
| Female | White | WIDOWI | | DIVORCED [| | 9/7/188 | | | 75 74 | 3 | | | |
| during most of wor | ON (Give kind of work di king life, even if retired) | lone 10b | | | NDUSTRY | 11 SIRTHPL | ACE (Stole | or foreign c | ountry) | 12 C | ITIZEN C | OF WHA | T COUNTRY |
| Housewife | | | Hous | sewife | | | yland | | | | U. | S.A | • |
| 13. FATHER'S NAME | | | | | | 4 MOTHER'S | MAIDEN | IAME | | | | | |
| | . Glover | | | | | | Ameli | a Rhe | | | | | |
| | ER IN U. S. ARMED FORE | rvice) | SOCIAL SEC | | 17 INFC | | | | Ad | ldress | | | |
| No | No | | 17-1-6 | | J.H. | Hubba | rd, F | R.F.D. | # 3, Car | nbrid | ge, l | lary | and |
| | ATH [Enter only one cou | nse ber ju | e for (o), (b |), and (c).] | 1. | 7 | | 11 | 0 | | INT. | ERVAL B | ETWEEN D DEATH |
| PARI I, DE | ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) | | Mar | al | <u>u</u> | <u> </u> | 7ace | KELL | | | | | |
| hop or | DUE TO | 10 | | | | 17.10 | | 11 | - 0 | _ | | 14 | 0 |
| | Conditions, if ony, which) (b) Charlety Chilly Maubore 14 weeks | | | | | | | | | | | | |
| gove rise to immediate couse (a), stating the under. | | | | | | | | | | | | | |
| I lying cause lost. | (c) | | 1/1/1 | | 2/ () | 010 | ye. | <u> </u> | | 14 - 17 - 1 - 14 - 17 - 17 | | 10 11115 | ALITOREN |
| PART II. OT | HER SIGNIFICANT CONE | JIHONS C | ONIKIBUTIN | NG 10 DEATH | 1801 NC | I KELATED TO | THE TERMI | NAL DISEAS | E CONDITION G | IVEN IN PA | RT 1(0) | | AUTOPSY ORMED? |
| O THE ETHER, NOTIFY | AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DESC | TRIBE HOW | INJURY OCCL | URRED. (| Enter noture of | injury in I | Part I or Par | t II of item 18.) | | | | |
| 20c TIME OF INJUI | RY Month, Day, Yea | | JURY OCCL | | e PLACE | OF INJURY (I | tome, form | 20f. (City | or town) | | (County) | | (State) |
| Hour o.m. | 19 | While | Not wh | | 102101) | , soce, dilice | biog, etc. | 1 | | | | | |
| 21. I certify th | ottended the | deceos | ed from | 1/12 | | 1960 | . 10 J/ | 113 | 196 | Athot I | Inst so | ow the | deceose |
| alive on | 113 | _ 194 | F | nd that de | oth o | curred at | 7:19 | 7M. from | n the causes | | | | |
| | 11-7- | 0 | | , | | | | | reet, city or towr | | | | ATE SIGNED |
| SIGNATURE | /# × | TO CO | and | | M.D | 10 | 4 4 | 0 C | CC 57 | 74 | _ | 57 | 7 |
| PHYSICIAN'S NAME (Type) | H.H.H.A | ~ | K5 | | | CA | | BR | 865 | H | d | | 13/60 |
| 220 BURIAL, CREMATIC REMOVAL (Specify) | | F | 22c. NAME | OF CEMETER | RY OR C | REMATORY | | 22d. LOCAT | TION (City, town, | or county) |) | (Sto | te) |
| Furial" | 5/16/196 | 0. | Gree | nlawn | Ceme | terv | | Ca | mbridge. | Ma | melar | od. | |
| 23. FUNERAL DIRECTOR | | | ADDRE | \$\$ | | | | D BY REGIST | RAR 246 REC | ISTRAR'S S | IGNATUI | RE | |
| Le Compte | Funeral Se | ם לשינ | e. Car | anh made | M. | 1 | n 13 | AV 181 | 60 (| Tulber. | à The | ALLEA . | |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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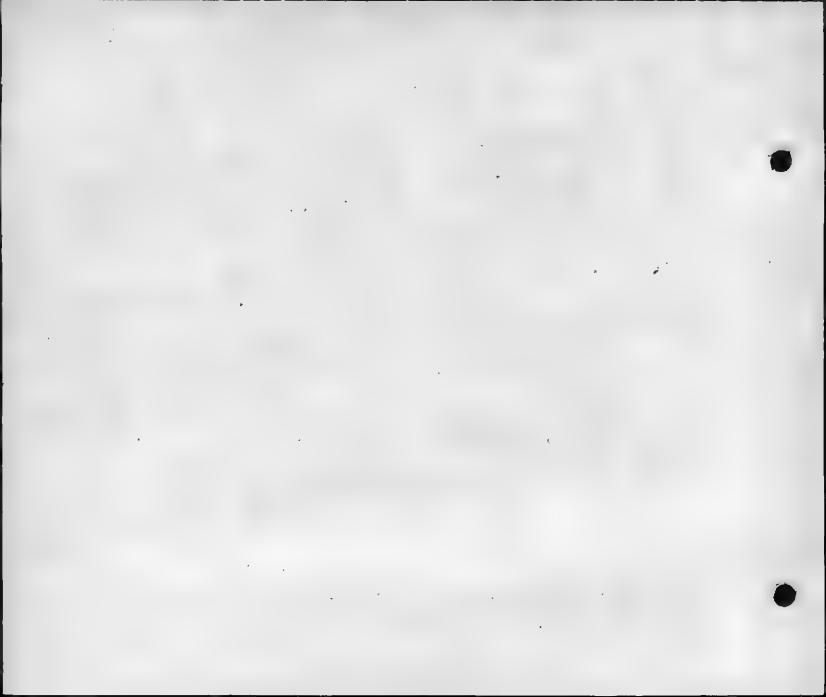
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| CERTIFICATE OF DEAL | F DEAT | CERTIFICATE OF | 5721 |
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| - 1- | UEME | | | | Kañ. Disi. | 110, | | |
|------|--|--|--|---|---------------|---|--|--|
| | PLACE OF DEATH COUNTY Dorchester | MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) b. COUNTY b. COUNTY Dorchester | | | | | | |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge | c. LENGTH OF STAY IN 16 | c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town | | | | | |
| 1 | d. NAME OF HOSPITAL (If not in hospitol, give street or institution Cambridge Maryland Hospitol | address) | / 407 Dorches | ter Ave | | e. IS RESIDENCE ON A FARM? YES NO | | |
| | NAME OF First DECEASED (Type or print) Charles R. | | hes | 4. DATE Mor | - | Doy Year 19 60 | | |
| | 6. COLOR OR RACE 7. MAR WIDOW | | 8. DATE OF BIRTH April 25, 18 | 9. AGE (In years lost birthdoy) 7. yrs. | Months Da | EAR IF UNDER 24 HRS. ys Hours Min. | | |
| | 0a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipyards | USUAL OCCUPATION (Give kind of work done of the life, even if retired) Shipbiulder Maryland 12 C Maryland | | | | | | |
| | 3. FATHER'S NAME Charles H. Hughes | | 14. MOTHER'S MAIDEN N Amanda J | | | | | |
| | S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (17), no. or unknown) (18 yes, give wor or dates of service) | | nformant Charles Hughe | s Jr. Cambri | | ryland | | |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), end (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) Meningitis, terminal; organism unknown Due to | | | | | | | |
| | Conditions, if any, which gove rise to immediate cose (a), stating the under- | | 10 days | | | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PROTICINAL Asthma. Generalized arterio-sclerosis. old The of L. apex. YES 1. NO 1. | | | | | | | |
| _ | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | | |
| | Hour a.m. 19 While of wo | Not while fac | ctory, street, office bldg., etc. |) | (Cour | | | |
| | 21. I certify that I attended the decearative on 26 May 19 | | occurred ot 1:15 | May 1960 AM, from the couses of ADDRESS (Street, city or town, | ond on the | | | |
| | SIGNATURE Eldridge H. | 10 | M.D. Cambridge, | | | 27 May 196 | | |
| | PHYSICIAN'S Eldridge H. Wolff (120. BURIAL, CREMATION. 22b. DATE THEREOF REMOMETING! May 28, 1960 | | | idge, Maryland 23d. LOCATION (City, fown, Cambridge | | (Stote) | | |
| , J- | s funeral director's signature Le Compte Funeral Service | ADDRESS | Marry land | D 8Y REGISTRAR 24b. REGI | STRAR'S SIGNA | TURE | | |



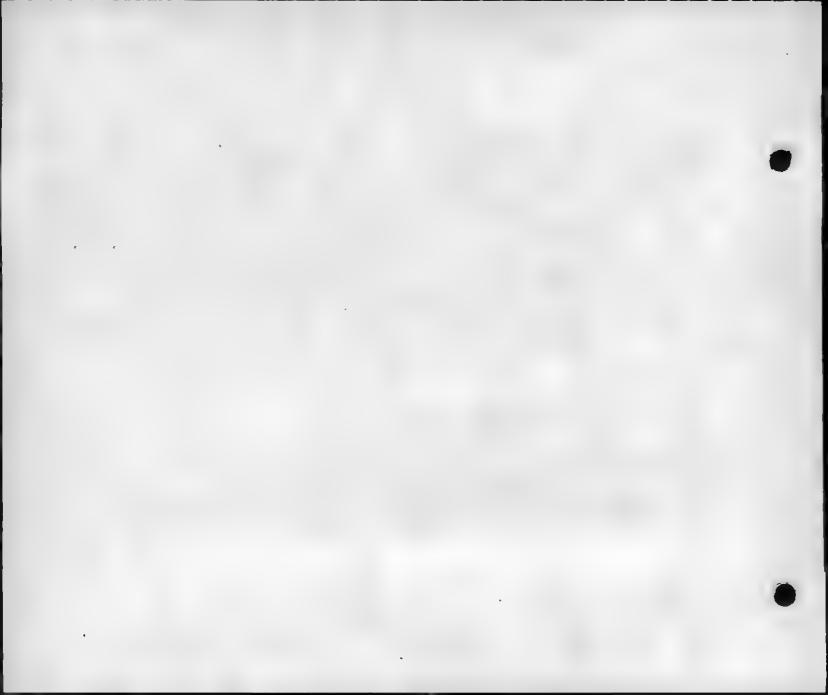
| e xe | 20 | | otion | 1 |
|--|---|--|--|---------------|
| pleose | t shou | | Crem | No. of London |
| TO DEMUTY MEDICAL EXAMINER: This certificate should be executed within 23 hours after death. If any delay is necessary, please exe | cute intificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune; I rector Page 4 should by | | TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File permit 1 and 2 with the registrar prior to burial, cremation | |
| nece | 20 | | 5 | |
| 7 15 | rec | es. | prio | |
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| AL. | ľ | rwd - 1a the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for yather. | ERA | or removal. |
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5722MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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| Reg. | Dist. | Na. | Arec Se | 1 | 1 |

| | CE OF DEATH | | | | | | | | sed lived. If instit | | nce bef | ore admi | ission) |
|---|---|------------------------------|---------------|---|----------|-------------------|--------------|------------------------|----------------------|--------------|-----------|-----------|---------------------|
| | Dor | chester | | MARYL | AND | G. STATE | aryl | and | b. COUN | N Do | rcr | 1est | er |
| b. Ci1 | TY OR TOWN (If a mid give nearest town) | utside corporate hysts, writ | e RURAL | c. LENGTH OF STAY IN | N 16 | 1 47 | | | porote limits, write | RURAL and | give no | egrest to | ₩n) |
| | Cart | orid e | | Life | | C | ambr: | idge | | | | | |
| d. NA | AME OF HOSPITAL | L OR INSTITUTION | If not in hos | pital, give street address) | | d. STREET A | DDRESS | | | | | | ESIDENCE A FARM? |
| L | uthy Fa | irm Lache | nery | Co. | | 7 | Gro | នន ន | t. | | | | NO [2] |
| | NE OF EASED or print) | James F | | Middle d Jews | | Leth | | 4. DATE OF DEATH | Mon | th | Doy 19 | | 9 60 |
| S SEX | | 6. COLOR OR RACE | 7. MARRIE | DE NEVER MARRIED | 8. | DATE OF BIRTH | | | 9. AGE Illy veors | IF UNDER | | | ER 24 HRS. |
| I. | ale | Negro | WIDOWED | DIVORCED [| 3 | July 5 | , 19 | 11 | Jan Durchdoy) | | Days | Hours | Min. |
| 10a USI | UAL OCCUPATION | Give kind of work | done 10b. K | IND OF BUSINESS OR IN | NDUSTR' | Y 11. BIRTHPL | ACE (Stote o | or foreign ; | pountry) | 12. CITIZ | ZEN OF | WHAT | COUNTRY |
| QVIIII | nour or werking Lechani | | สิลา | rm Jachine | erv | | ryla | | | TI | s. | Α. | |
| 13. FATI | HER'S NAME | | | 111 1100011011 | | 14. MOTHER'S | | | | | 810 | 114 | |
| | Charles | Jews | | | | Ann | ie C | epha | S | | | | |
| | S DECEASED EVER | IN U. S. ARMED FO | | OCIAL SECURITY NO. | 17. INI | ORMANT | | -1 | Addres | 3 | | | |
| (Yes, no, c | or unknown) | If yes, give war or dates of | 14(YHOS) 2 | 13-34-0651 | 3 . *- | rs. Pe | arl . | Jews | 7 Cr | oss S | +. | | |
| 18 | CAUSE OF DEATH | Enter only one car | | | | | | | , 0= | | INTER | VAL BETWE | FFN |
| | PART I. DEATH | WAS CAUSED 8Y | 00 | | ~7 | aton | | | | | ONSE | T AND DE | ATH |
| | the o | MMEDIATE CAUSE (a) | - 00 | ronary oc | CLU | STOIL | | | | | 1 1 | nsta | 2716 |
| | 1 46 (1 | OT 3UG | | | | | | | | | | | |
| | nditions, if any re rise to immedia | | | | | | | | | | - | | |
| (0) | , stating the un | | | | | | | | | | | | |
| | ese lost. | (e) | | | | | | | | | <u></u> | | |
| ٥ | PART II. OTHE | R SIGNIFICANT CON | DITIONS CO | NTRIBUTING TO DEATH | BUT NO | OT RELATED TO | THE TERMIN | NAL DISEAS | E CONDITION GI | VEN IN PART | 1(a) 15 | PERFO | AUTOPSY PRMED?_ |
| \ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u> | | | | | | | | | | | _ Y | res 📋 | NO C |
| B PRIA | . EXTERNAL CAUS MARY [] or CONT USE OF DEATH. | E WAS PRIBUTING [] | b. DESCRIBE | HOW INJURY OCCURR | ED. (Eni | ler nature of in | ury in Part | f or Port II | af item 18.) | | | | |
| 20c. | TIME OF INJURY | Month, Day, Yes | | 1 | | OF INJURY (H | | | y or town) | (Cau | nty) | | (State) |
| WED Y | Hour q. m. | 19 | While at wor | k 🔀 of work | ractor | y, street, office | olog., erc.; | 1 | | | | | |
| 21. | . I certify the | t I took chorge | of the r | emoins described | abov. | e, held on | Autopsy | <u> </u> | nspection X | . Inquir | v 🗖. | and | find that |
| | | - | | , Accident , | | | | - | | | | 0.10 | THO III GI |
| | , | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 00101 | ос <u>П</u> , п | OHITC: GC | LJ, 0 | nocici nimico | | • | | |
| | CAR | X | 1 | · · · · · · · · · · · · · · · · · · · | | CHIEF M | EDICAL EXA | MINED E | , | | | BMES | STORY III |
| SIG | NATURE | | yu. | | | M.D. | NT MEDICAL | | | | | | |
| | AMINER'S JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN | ohn Mace | Jr. | M.D. | | | MEDICAL E | | - 7/0 | 1/60 | | | |
| DEA | ACIVAL (Speciful | , 22b. DATE THEREC | | 22c. NAME OF CEMETER | | | 1 | | TION (City, town, | | | (State | e) |
| 1311 | rial | 5/22/60 |) | Bethel Co | eme | | | | ridge, | | 1*0 | | |
| 23. FUNI | eral director's | SIGNATURE FClose | Combr | idge, Id. | | | 24a. REC'D | BY REGIST | | ISTRAR'S SIG | | Ε | |
| 1.61 | .061.0 D | OOTATI | COUNT | _ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | | | DATE | | Chi | Jun 2 H | enced | | |
| | | | | | | | | | · | | | | |

VS. A15ME(S) SM 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05704 574 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) p. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give negrest town) PLOCK 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO NAME OF Middle 4. DATE First Lost Month Year Day -DECEASED OF DEATH 2 fune (Type or print) 0 19 ٥ 9. AGE (In yours 5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED TO B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. 2 with the Months Hours WIDOWED TH DIVORCED [T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BRETHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) gud e 13. FATHER'S NAME moy I within 24 hours of Give Poges 1, 7 PM3. Poge 5 moy FILERS poges 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT File PM3. permit. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH OCCLUSION certificate should be executed PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CORONARY a atong with form a buriol-transit per UMIN DUE TO Conditions, if ony, which in pencil gove rise to immediate couse **DUE TO** (a), stoting the underlying couse lost. pending in PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY SO PERFORMED? YES I NO P 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) å CAUSE OF DEATH. should 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stole) writing the white Medicol | OR: Poge 3 sh factory, street, office bldg., etc.) Hour While Not white of work | p. m. 21. I certify that I took charge of the remains described above, held an Autopsy []. Inspection K Inquiry and find that rlificote, writi to the Chief / DIRECTOR: P death resulted from: Natural causes Accident | Suicide . Undetermined cause Homicide , **DATE SIGNED** ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINERS -BURIAL, CREMATION, 225. DATE THEREO 276. LOCATION (Cets town, of)county) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55



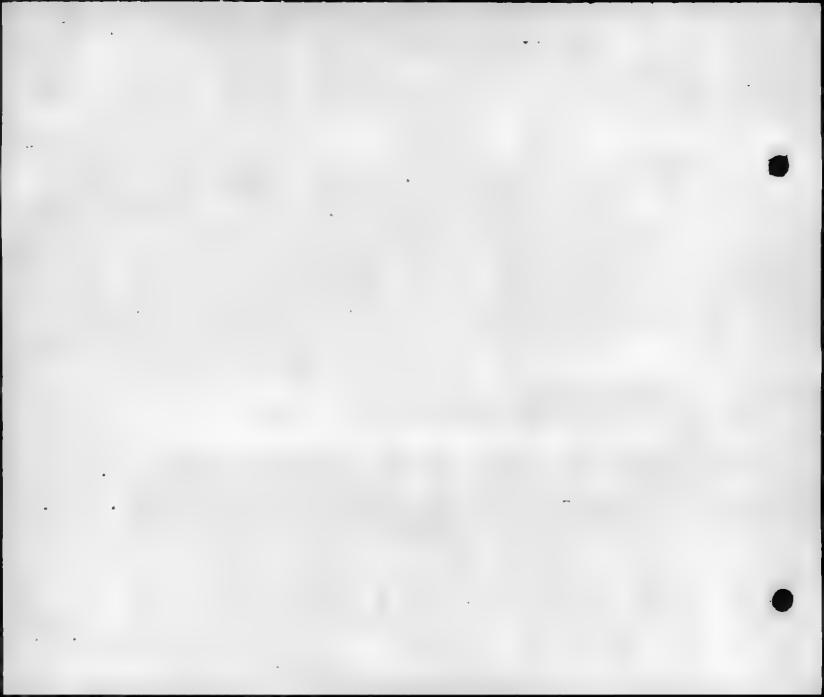
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05705 MEDICAL EXAMINER'S CERTIFICATE OF DEATH necessory, please exector. Page 4 should be ation, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) Cledi COUNTY Dorchester **b.** COUNTY ..arvland Dorchester MARYLAND director. Poge b. CITY OR TOWN (If outside corporate limits, write #URAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elloitt Elloitt 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 1 ò NAME OF 4 DATE First Middle Month Year DECEASED **OF DEATH** Ware W. Langrall Hay, 19:50 (Type or print) 5. SFK 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. y be retained to and 2 with the lost birthday) Months al e White Days Haum Min. 59 ya. WIDOWED T DIVORCED | Dec. 6. 1907 0 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) CO. 12. CITIZEN OF WHAT COUNTRY? puo US A Ovstering. Maryland waterman 13. FATHER'S NAME HOY 14. MOTHER'S MAIDEN NAME 24 hours of Page 5 mo) poges Levin Langrall Rosetta Bramble Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give Mrs. Sarah Jones. Elloitt. Md. P.M.3. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Drowning Instant pencil in them olang with for buriol-transit DUE TO if any, which gave rise to immediate cause **DUE TO** (a), stoting the underlying couse lost. pending" in iner's Office o 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CERTIFICATION PERFORMED? Examiner's Off NO I 200, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Tied weights on feet and should jumped into water. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or tawn) (County) ertificate, writing the wall to the Chief Medical E DIRECTOR: Page 3 sho (State) factory, street, office bldg., etc.) Elliott ot work at work X Dor. Md. Pushing 21. I certify that I taok charge of the remains described above, held an Autapsy [7], Inspection [X] Inquiry [and find that death resulted fram: Natural causes , Accident . Suicide XI. Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER [7] SIGNATURE forward to removol ASSISTANT MEDICAL EXAMINER | EXAMINERS i ace Jr. 5/10/60 John NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 1226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Bishop's Head Cemetery Bishop's weed Jor. id **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE .'uneral Home East Lew . arket

DATECLMAY 1 3 '60

VS. A15ME(5) 5M 9/55

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FOR STATE TO DE Y PEDICAL EXAMINER: This certificals should be permitted within 24 hours after death. If it is lay is necessary, please could the cartificate, writing the word "pending" in pendi in item 18. Give Pages 1, 2, and 3 to it is careful director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your line. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Option, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hourselfly death

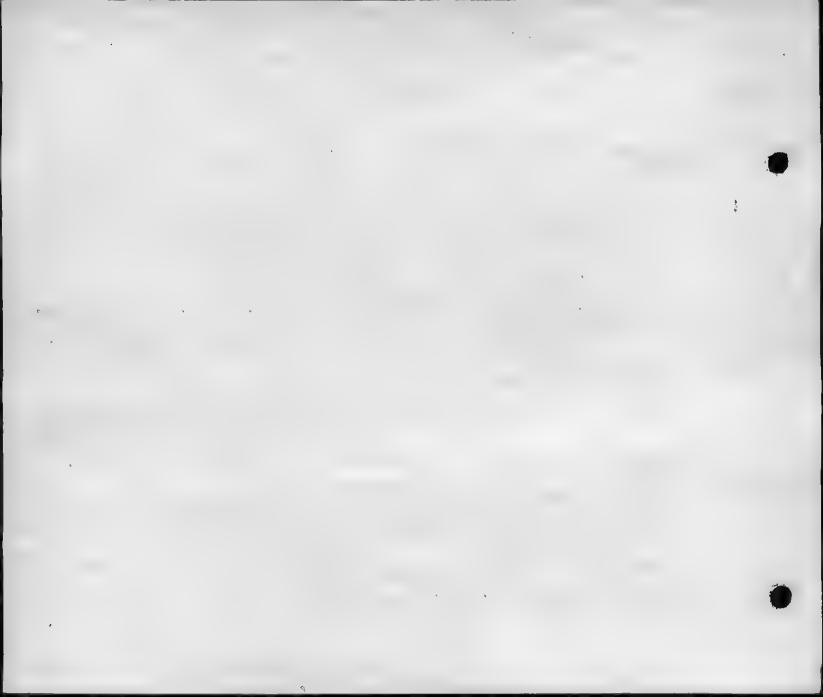
VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

5723 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06846

| 1. | PLACE OF DEATH a. COUNTY | 2, USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) |
|---------|---|---|
| | Dorchester Maryland | * STATE Maryland b. COUNTY Dorchester |
| | b. CITY OR TOWN (floursida corporata I mils, write RURAL and giva naarest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| | Ca.ibrid 'e | Rural Cambridge |
| l br | d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) | d STREET ADDRESS 6. IS RESIDENCE |
| | Cambridge Maryland Hospital | R.F.D. 2 |
| 3. | NAME OF First Middle DECEASED | Last 4. DATE Month Day Year |
| | (Type or pnnt) Elmer Andrew | Lee DEATH May, 30 19 60 |
| 5 | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18 | DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | iale Negro widowed Divorced | Oct. 10, 1918 lest birthdey) Months Deys Hours Min. |
| | e. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) | 11. BIRTHPLACE (State or fareign country) 12, CITIZEN OF WHAT COUNTRY? |
| | Laborer Trucking | Maryland USA |
| 13 | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | John R. Lee | Dora Whittington |
| 15 | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. | INFORMANT Address |
| [[1 | S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 | Rena Elliott, RFD 2, Cambridge, Md. |
| | 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).] | I INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: Crushing Wound | chest, ONSELAND DEATH |
| | DUE TO | |
| | C A | |
| | gava risa to immadiata causa | A |
| | (a), stating the underlying DUE TO | |
| _ | causa last. (c) | AT ATTO TO THE TORNING INCLUDED ON THE INDIVIDUAL TO A STATE OF THE PARTY. |
| ATION. | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(18) 19. WAS AUTOPSY PERFORMED? YES NO N |
| M | | Enter netura of injury in Part I or Port II of Itam 18.) |
| Ü | CAUSE OF DEATH. Was driver of car | which colided with another car. |
| S | fact the state of | CE OF INJURY (Homa, farm, 201. (City or lown) (County) (State) |
| MED | 6:40 5/30/60 While Not While I Rt. | |
| | 21. I certify that I took charge of the remains described above, he | eld an Autopsy , Inspection XX, Inquiry , and in my opinion |
| | death resulted from. Natural causes , Accident X, Suic | ide, Homicide, Undetermined manner |
| | | CHIEF MEDICAL EXAMINER |
| | SIGNATURE SIGNATURE | M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED |
| | | DEPUTY MEDICAL EXAMINER \$ 6/4/60 |
| | NAME (Type) JOHN Mace JI. M.D. | Addrass (Street, city, town, or county) |
| 22 | 8. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF | |
| | Burial 6/5/60 Cordtown Ce | metery Nr. Cambridge, Jor. Md. |
| 23 | FUNERAL DIRECTOR ORDERT Stclair Cambridge, Ind. | 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE |
| H | erbert StClair Cambridge, Md. | DATEJUN 1 D'60 avera 9 House |
| 1 | | |

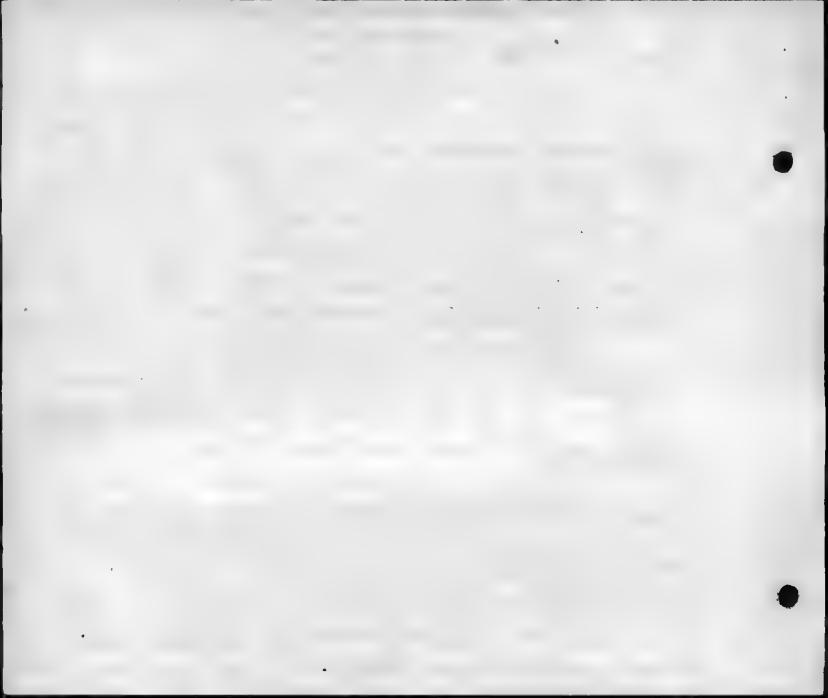


VS A1S (4) 15M 9/SS

| MARYLAND STATE DEPARTMENT | OF HEALTH—BALTIMORE, | 18 |
|---------------------------|----------------------|----|
|---------------------------|----------------------|----|

0094 :

| | | | 9.7. | CERTIFI | CAT | E OF DEA | TH | | | Reg. Dis | t. No. | | |
|---------------|---|-----------------------------------|---------------|-----------------------|----------|-------------------------|----------------|-------------|------------------------|------------|-----------|-----------|----------|
| 1. | PLACE OF DEATH | 01 | をま | | 2 | USUAL RESIDENCE | (Where dec | | | n Residenc | e before | odmissio | n) |
| | o. COUNTY | Dorche | ster | MARYLAI | 4D | o. STATE Mar | ylan | d | b. COUNTY | Dor | ches | ter | |
| | RURAL and give n | If outside corporate limi | its, write | c. LENGTH OF STAY IN | lb | c. CITY OR TOWN | • | ` | | JRAL ond g | ive neare | st lawn) | |
| L | | TS//JS/Jama | | dd | | d. STREET ADDRES | lors | <u>ISI</u> | and | | | ia africa | PAICE |
| | OR INSTITUTION | idge Mary | | | | d. STREET ADDRES | 5 | | | | | IS RESID | ARM? |
| 3. | NAME OF | Fi | rst | Middle | | Lost | 4. DA | TE | Mont | ih | Day | Ye | ar |
| | DECEASED (Type or print) | Geor | ge | Lee | | Lewis | DE. | ATH | May | | 27. | 19 | 60 |
| 5. | SEX | 6. COLOR OR RACE | 7. MARR | IED NEVER MARRIED | X 8. C | ATE OF BIRTH | | 9. AC | E (In years | IF UNDER | | UNDER | |
| | hale | Negro | WIDOWE | DIVORCED | A | pril 26, | 1913 | 101 | t birthdoy) 47 yrs. | Months | Doys | Hours | Min. |
| 10 | USUAL OCCUPATION | | done 10b. | KIND OF BUSINESS OR I | NDUSTRY | | | gn country | | 12 CITI | ZEN OF | WHAT C | OUNTRY |
| | Labo | | | ood Packir | 12 | Cordel | Le Ge | orgi | a | | USA | 1 | |
| 13. | FATHER'S NAME | | | | | 4. MOTHER'S MAID | | | | | | - | |
| | | John Lew | ที่ส | | | | Rec | etta | Luc | 17 5 | | | |
| 15 | WAS DECEASED EVE | | CES? 16. | SOCIAL SECURITY NO. | 7. INFC | RMANT | 1105 | 0000 | Addr | | | | |
| ľ | No | This her' Blass was as grant or a | | 1-16-7065 | Mr | s. Reget | tta L | ewis | Win | ter ' | Have | en. | Fla. |
| F | 18. CAUSE OF DEA | ATH [Enter only one co | | | | | | | 2 | | INTER | VAL BETY | WEEN |
| | PART I. DEA | TH WAS CAUSED BY: | | Malignant | Hy | pertensi | lon | | | | ONSE | T AND 0 | EATH |
| | 1- lak | DUE TO | , | | | | | | | | _ | | |
| | Conditions, if o | av Class | | | | | | | | | | | |
| | gove rise to i | mmediate (| | | | | | | | | | | |
| | cosse (a), stating lying couse fast. | the under- | | | | | | | | | | | |
| Z | PART II. OT | HER SIGNIFICANT CON | IDITIONS C | ONTRIBUTING TO DEATH | BUT NO | T RELATED TO THE T | ERMINAL DIS | EASE CON | IDITION GIVI | EN IN PART | 1(0) 19. | WAS AL | JTOPSY |
| CERTIFICATION | | | Urem | ាំ១ | | | | | | | , | PERFOR/ | |
| ΙĔ | 200 ACCIDENT W | AS UNDERLYING A | | RIBE HOW INJURY OCC | JRRED. (| Enter nature of injury | y in Port I or | Port II of | item 18.) | | | | |
| [H | OR CONTRIBUTING | MEDICAL EXAMINER) | | | | | | | | | | | |
| | 20c. TIME OF INJUR | Y Month, Day, Ye | or 20d. IN | UJURY OCCURRED 20 | . PLACE | OF INJURY (Home, | form, 20f | (City or to | wn) | IC | ounty) | | (Stote) |
| MEDICAL | Hour a.m. | 19 | While of worl | Not while | foctor | r, street, office bldg. | , etc.) | | , | ,- | ,, | | 10.0.01 |
| 2 | p. m. | . 1 | | 0 0 7 | -00 | **** | 7 | ^5 | /0 | | | | |
| | | nat I attended the | | ^ | | , 19 <u>59</u> , to | | | | | | | |
| Н | alive on | ay 27 | , 126 | ond that de | oth a | corred at | | | | | e date | | |
| | ACTUAL | Kilin | | () | , , | 207 08 | | | abrid | | , a | | E SIGNED |
| П | ACTUAL SIGNATURE | THE THE | 13-14- | e la france | M.E | . 227 £1 | Tie n | 6-0a | unt. Ta | ge M | J e | 5-3 | 160 |
| | PHYSICIAN'S J | . Edwin F | asse | tt,M.D. | | | | | | | | | |
| 22 | . BURIAL CREMATIC | |)F | 22c. NAME OF CEMETE | RY OR C | REMATORY | 22d. L0 | CATION (| City, town, o | r county) | | (Stote) | |
| | BUTIAL | 5/31/19 | 60 | Smithvil] | e C | emeterv | D | orch | ester | Co. | Me | t. | |
| 23 | FUNERAL DIRECTOR | | / | ADDRESS | | | REC'D BY RE | | 24b. REGUS | | | | |
| 1 | urbux | MARCLE | us) | Cambri | ldge | Md DATE | TOTA I | 0 00 | | purant pa. | , | | |



VS A15 (4) 15M 9/55

| MARYLAND | STATE | DEPARTMENT | OF HEALTH- | BALTIMORE, | 18 |
|----------|-------|-------------------|------------|------------|----|
| | | | | | |

PRIL

CERTIFICATE OF DEATH

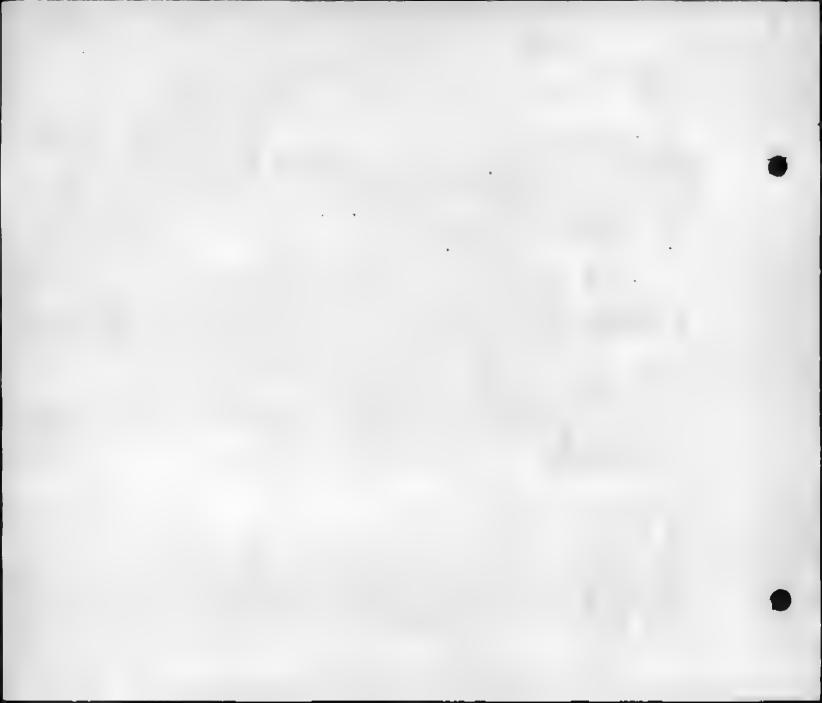
05706

| 3745 | CERTIFICAT | IL OI DEAIII | | Reg. Dist. No. |
|--|--|---|--|--|
| 1. PLACE OF DEATH O. COUNTY Dorchester | MARYLAND 2 | o. STATE Marylan | e deceased lived If institution b. COUNTY | n: Residence before admission) Somerset |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Cambridge | c. LENGTH OF STAY IN 16 2 weeks | c. CITY OR TOWN (IF our | side corporate limits, write RU | RAL and give nearest town) |
| d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION | et address) | d STREET ADDRESS | | e. IS RESIDENCE ON A FARM? |
| Eastern Shore State Hosp | T OH I | | | YES NO |
| 3. NAME OF DECEASED (Type or print) ROBERT | VERNON | MADDOX | OF Month | 2k: 1960 |
| | | 3/20/97 | 4 4 4 4 4 4 4 | IF UNDER 1 YEAR IF UNDER 24 HRS, Manths Doys Haurs Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 101 during most of working life, even if retired) | | Y 11. BIRTHPLACE (State or | foreign country) | 12. CITIZEN OF WHAT COUNTRY |
| road building | Somerset County | Md. | | U.S. |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | ME | |
| Robert Joseph Maddox | | Tenah Pott | er | |
| | 6. SOCIAL SECURITY NO. 17. INFO | ORMANT | Addre | 181 |
| | unknown Ho | spital record | ls | |
| 3/ % DUE TO | line for (o), (b), and (c).] Serebral hemorrha | ge | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if ally, which gave rise to immediate cause (a), stating the under-tying cause last. (b) DUE TO | | | | |
| PART (1. OTHER SIGNIFICANT CONDITIONS Chronic Brain Syndrome 200. ACCIDENT WAS UNDERLYING [] CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | Arteriosclero | sis, with psyc | PERFORMED? |
| | Tourse of the second se | teries in actions as inferior in the | | |
| Hour a. n. White | f | E OF INJURY (Home, farm, ry, street, office bldg., etc.) | 20f. (City or town) | (County) (State) |
| ACTUAL SIGNATURE 7 PHYSICIAN'S NAME (Type) Thomas J. Dreds | ond that death of the M.E. | ccurred ot 2:50p. | M, from the couses on DRESS (Street, city or town, stal, Cambridge | . Nd. 5/24/60 |
| 220. BURIAL, CREMATION, 226. DATE THEREOF Burial May 27,1960 | | netery 2 | 2d. LOCATION (City, town, or Marion Station | ı, Md. |
| 23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Signature | ADDRESS onsCrisfield, N | 246. REC'D | BY REGISTRAR 246. REGIST | RAR'S SIGNATURE |



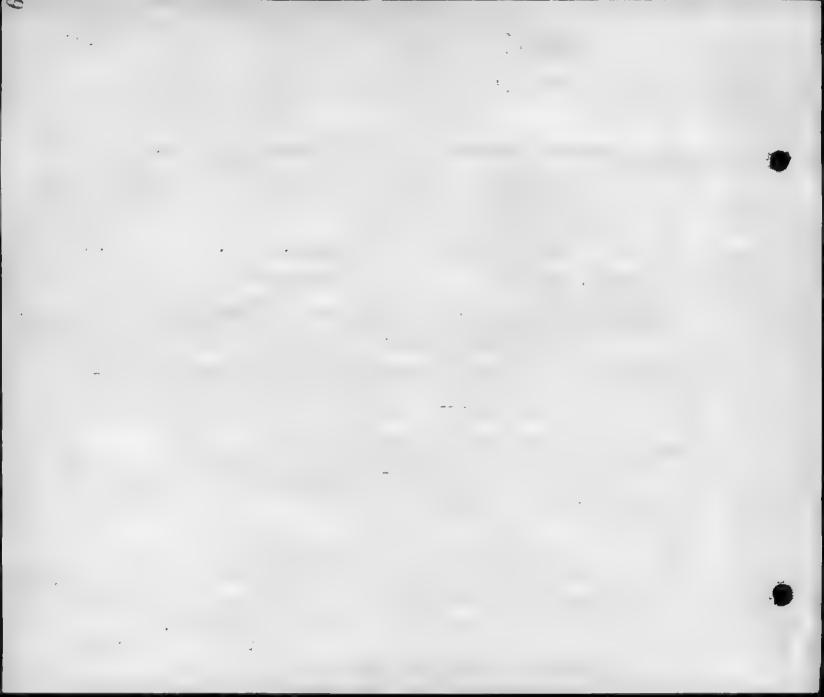
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05708 **CERTIFICATE OF DEATH** 5748 Reg. Dist. No be filed with o COOrchester 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. SIMaryland b. coppychester MARYLAND eral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Williad give negrest town) Life Canbridge. should Wingate d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARMS NAME OF Allie P. Mc Namara 4. DATE Month DECEASED OF Maredith May 60 DEATH (Type or print) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH Memale White Months Days Hours WIDOWED [DIVORCED T Feb. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 1: BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
HOUSEWITE own Home Maryland USA рио carbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 6 Robert Powley Rebbeca Parks physici 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Fred Pritchett no none Cambridge Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. nom2 IMMEDIATE CAUSE (o) **DUE TO** 292 ct 2 stym Š Conditions, if ony, which (6) gove rise to immediate DUE TO cause (a), stating the underlying couse last. burial-transit PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES NO 🕟 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) 6 WEDICA1 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, affice bldg., etc.) Hour a.m While Not while of work at work 21. I certify that I attended the deceased fram__ 1960, that I last saw the deceased _, and that death occurred at M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or tayen DATE SIGNED ACTUAL SIGNATURE pino PHYSICIAN'S NAME (Type) may by 220 BURIAL CREMATION, 22c NAME OF CEMETERY OR CREMATORY (State) pode 29, 1960 Dorchester Memorial Park Cmabridge Marvland 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Le Compte FUnerak Service Cambridge arthur S. Frank V5 A15 (4) 15M 9/5S Maryland '60

death.



FOR STATE HEALTH DEPT. letay is necessary, and director, Page TO DE IT MEDICAL EXAMINER: This certificate slaud be executed within 24 hours after death. If play is necroplease execute the certificate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to the brail director 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2 and the State Board office its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

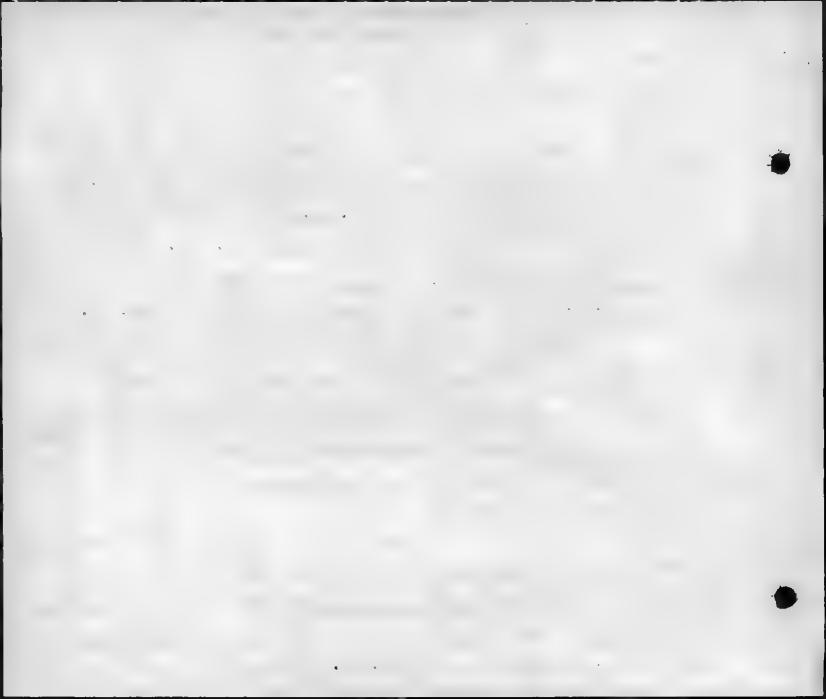
| MARY | LAND STATE D | EPARTMENT OF HEA | ALTH | 05709 |
|---|--------------------------|---|-----------------------------------|-----------------------------|
| Division of STATISTICAL RESEAR | | | ET, BALTIMORE 1, A | MARYLAND |
| 572 MEDICAL | EXAMINER'S | CERTIFICATE OF | DEATH | 05700 |
| 1. PLACE OF DEATH | - | 2. USUAL RESIDENCE (Where | deceased lived, If institution: I | lasidance before edmission) |
| Dorchester | MARYLAND | • STATE Maryland | b. COUNTY Dore | n ster |
| b. CITY OR TOWN (if outside corporate limits, | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside co | | _ |
| write RURAL and give neerest town; Cambridee | 4 vears | / Cambridge | | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi | | Jd. STREET ADDRESS | | . IS RESIDENCE |
| Cambricge-Maryland Hospit | a1 | /OD Dorch | ester /ve | ON A FARM? YES TO NO TO |
| 3. NAME OF First DECEASED | Middle | Last 4. DATI | | Day Yeer |
| (Type of print) Noler | John | McCarter OF | TH May 28,1960 | 19 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED 18 | DATE OF BIRTH | 19. AGE (In Voers LIF JNDER 1 | YEAR IF UNDER 24 HRS. |
| Male White WIDOWED | | Aug.10,1897 | lest birthdey) Months | Deys Hours Min. |
| 10e. JSUAL OCCUPATION (Give kind of work 10b. KIN | | Y 11. BIRTHPLACE (State or foreign | | ZEN OF WHAT COUNTRY? |
| done during most of working life, even if refired) Confectionery Store Coerato | 37 | Madison Don C | | J.S. |
| 13. FATHER'S NAME | | Madison, Por., C | 9. | |
| James F. McCarter | | Sarah Burton | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SI | DCIAL SECURITY NO. 17, 1 | | Address | - |
| | 1-07-7609 Ire | .Alverda McCarter | /00 Dorcheste | r Avo. Cah. |
| 18. CAUSE OF DEATH [Enter only one cause per line | for (e), (b), end (c) } | * iri verna urnar acr | JANO DOLEM MIC | INTERVAL BETWEEN |
| PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) COTO | nary Ocelusion | 1 | | ONSET AND DEATH |
| DUE TO | | | | - |
| Conditions, if eny, which \ (b) Card | iovascular (hy | pertensive) renal | disease | 5-6 years |
| geve rise to immediate cause [e], stating the underlying DUE TO | | | | |
| cause lest. (c) | | | | |
| PART I. OTHER SIGNIFICANT CONDITIONS CONT | RIBUTING TO DEATH BUT NO | T RELATED TO THE TERMINAL DISEAS | E CONDITION GIVEN IN PART | |
| none | | | | PERFORMED? |
| | HOW INJURY OCCURED. (E | nter nature of injury in Part I or Part II | of item 18 ; | |
| | | | | |
| | | CE OF INJURY (Home, ferm, 20t. (Cory, street, office bldg., etc.) | Lity or Iown) (Cou | nty) (Stole) |
| Hour s.m. While et work | Not While 1ecto | ary, street, office bidg., etc.) | | - M 4+ |
| 21. I certify that I took charge of the rema | ins described above, he | d an Autopsy . Inspectio | n x Inquiry x | and in my opinion |
| death resulted from Natural causes | Accident , Suici | de , Homicide , L | Indetermined manner | 1 |
| -800 0 | 15 | CHIEF MEDICAL EXAMINER | | |
| SIGNATURE CLARGES | Wolf | ASSISTANT MEDICAL EXAM | INER [] | DATE SIGNED |
| EXAMINER'S | 119 | DEPUTY MEDICAL EXAMINER | . X | May 29, 1960 |
| NAME (Type) Eldridge H. Wol | ff. M.D. | Address (Street, city, town, o | or county) | |
| 22a. BURIAL, CREMATION, 22b. DATE THEREOF 2 REMOVAL (Specify) | CE. NAME OF CEMETERY OR | CREMATORY 22d. LOC | ATION (City, town, or country) | (Stete) |
| Epris 1 May 31,1960 I | orchester dem | orial Park Camb: | ri ge,Md. | |
| 23. BUNERAL DIRECTOR + 0 5 D | Cambridg | o Ma | STRAR 24b. REGISTRAR'S SI | |
| Seweth K. How | O-MIDITUE | DATE JUN 6 | 60 arthur S. | Thatta |
| | | | | |



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| | | J () | 40 | | | | | | | Reg. Dist | No. | | |
|---------|----------------------------|---|----------------------|------------------------|----------|--------------------|----------------|----------------|---------------------|---------------|----------|----------|----------------|
| | LACE OF DEATH | | | | | 2 USUAL RES | IDENCE (WI | nere deceased | lived. If instituti | an: Residence | before | admissio | bn] |
| a | . COUNTY | Dorchest | cer | MAR | YLAND | a. STATE | Marv' | land | b. COUNTY | Doro | hes | ter | 9 |
| Ł | | f autside corporate limits | | c. LENGTH OF STAT | Y IN 16 | c. CITY OR | | | ate limits, write R | | | | |
| | RURAL and give no | oridge | | 30 Vrs | | , , | (In mh | | | | | | |
| (| I. NAME OF HOSPIT | AL (If not in hospital, giv | e street o | | | #d. STREET | | ridge | | | | IS RESII | DENCE |
| | OR INSTITUTION 2 Ma | aces Lane | | | | | - | ces L | ane | | | ON A | FARM? |
| 3. 1 | NAME OF | First | | Midd | • | L | sst | 4. DATE | Mon | th | Doy | Y | 108 |
| | Type or print) | Orlie | 9 | | 1 | Mc Crea | _ | OF DEATH | May | | 29. | | 960 |
| 5. S | EX | 6. COLOR OR RACE | 7. MARRI | ED NEVER MARR | IED 🔲 | 8 DATE OF BIR | TH | | P AGE (In years | IF UNDER 1 | | | R 24 HRS |
| | Male | 1 | WIDOWE | | | Aug. | 8. 18 | 399 | lost birthday) | Months D | oys 1 | Hours | Min. |
| 10a. | USUAL OCCUPATION | N (Give kind of work doing life, even if retired) | one 10b. | KIND OF BUSINESS | OR INDU | STRY 11. BIRTH | LACÉ (Stole | or foreign co | untry) | 12. CITIZ | EN OF | WHAT (| COUNTRY? |
| | 70 Y | rer | | Food Pac | kins | Dor | ches | ton C | o. Md. | | USA | | |
| 13. 1 | FATHER'S NAME | 71 01 | | 1000 100 | <u> </u> | 14. MOTHER | | | Va , Pilla | | UOA | | |
| | | Elbridge | Ме | Cready | | | | Jenn | ie Tod | a | | | |
| 15 1 | | IN U. S. ARMED FORCE | ES? 16. | SOCIAL SECURITY NO | D 17. F | NFORMANT | | 0.000 | Add | | | | - |
| (Tes. | No. or unknown) | If yes, give war or dates of sen | AICE) | None | | uther | Mc C | ready | Balti | more. | Md | | |
| | 18. CAUSE OF DEA | TH [Enter only one cou | se per lin | e for (a), (b), and (c | 1.] | . / | . / | 1 /1 | | | INTERV | AL BET | WEEN |
| | | TH WAS CAUSED BY: | (1) | accent | | Nou | , XV/ | 2/11 | 110 | | ONSET | AND | DEATH |
| | 1 1 | IMMEDIATE CAUSE (o) | 1 | a scire | 6-6 | 1-4-0- | 17 16 | 200 | 76.6 | | 1 |) (X | 47 |
| | * | DUE TO | 7. | 11. | 0 1 | | 1 | | | | 1 | | |
| | Conditions, if as | | MAL | UNIO- | all | Muc | 7 50 | | | | | | |
| | cottse (a), stating | V Paric TA | | | | | 0 | | | | | | |
| | tying cause lost. |) (c) | | | | | | | | | | | |
| ŏ Z | PART IL OTH | ER SIGNIFICANT COND | ITIONS C | ONTRIBUTING TO DI | EATH BUT | NOT RELATED T | O THE TERM | NAL DISEASE | CONDITION GIY | EN IN PART | l(o) 19. | WAS A | UTOPSY MED2 |
| 3 | Parle | el Descel | 5/1 | aller | 1 % | elater | y et | idas | . Resolu | 201 | | ES 🔲 | |
| DK | 200 ACCIDENT WA | LI CAUSE OF DEATH I | ю́ь. Desc | RIBE HOW INJUSY | CCURRE | D. (Enter nature | of injury in I | Part I or Part | If of item 18.) | | | | |
| 2 | (IF EITHER, NOTIFY | MEDICAL EXAMINER | | U | | | | | | | | | |
| S | 20c. TIME OF INJUR | ' Month, Day, Year | | JURY OCCURRED | 20e. PL | ACE OF INJURY | (Home, farm | 20f. (City | or lown) | (Co | unty) | | (State) |
| MEDICAL | Hour p. m. | 19 | While at work | Not while | 1 10 | Jory, sireel, oill | ce biog., eic | "i | | | | | |
| - i | | at I attended the a | 4 | d from | | 1053 | - 10 | 141. | C 10 1 | S at a 1 I | | ,l | |
| | 101 | or romended me o | a c ceuse | 3 | | | | 1 | 1. | | | | |
| | alive an <u>FF1</u> | 71 | 19.13 | 22, and the | t death | accurred-a | | | the causes o | | date | | |
| | ACTUAL SIGNATURE | Bhow | 1Cs | mas | | " (V | Links | AUURESS (SIT | reet, city or town, | store) | | DAI | TE SIGNED |
| | SIGNATURE 1 | 1 | 11 | 1 | | M.D | | 1 | 7-1-100 | .36.3 | | | |
| | PHYSICIAN'S NAME (Type) | W. ha | me | rson | | | | <i>U</i> | | | | | |
| 22o | BURIAL, CREMATIO | N, 22b. DATE THEREOF | 1 | 22c. NAME OF CEA | AETERY O | R CREMATORY | | 22d LOCAT | ION (City, lown, o | or county) | | (Stote) | |
| | Burial | 6/3/196 | 0 | Crano | Ceme | eterv | | Cra | ano. Na | rvlan | d | | |
| 23 | PUNERAL DIRECTOR | SUCHATIBRE | / | ADDRES5 | | | 24a. REC' | D BY REGISTI | RAR 246. REGIS | STRAR'S SIGN | LATURE | | |
| 14 | lepter 1 | LACE | 12 | /Cambr | idge | e, Md. | DATE J | UN 1 0 '6 | 30 0 | -Thurt of | House. | ė. | |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 05207 5747 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY **b.** COUNTY MARYLAND death. b. CITY OR TOWN (If outside corporate I mits, write RURAL and give negress lawn) c. CITY OR JOWN (If persion corporate limits, write RURAL and give nearest town) c. LENGTH OF STAYJN 1/6 d NAME OF HOSPITAL Uf not in Acapital, give street oddress) STREET ADDRESS IS RESIDENCE OR INSTITUTION-ON A FARM? YES NO M NAME OF Middle 4. DATE Lost Month Year DECEASED OF DEATH (Type or print) 19/50 HE UNDER I YEAR IF UNDER 24 HRS 6. COLOR/OR RACE 7. MARRIED T NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lost birthboy) Months Doys Hours Min. DIVORCED F WIDOWED | 100. USUACYOCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12, GITIZEN OF WHAT COUNTRY? during might of working life, even if reliefed corbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAM hours o 15. WAS DEGEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.-INFORMATIO Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WK DUE TO ۾ en lusclener Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTÓPSY PERFORMED? YES TO NO TH 200 ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) ŝ 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Month. Doy, Year 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour While 0. m. Not while of work of work 21. I certify that I attended the deceased fram_/// 8 alive on___L

DIREC shauld May by

0 VS A15 [4] 15M 9/5S ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

FUNERAL DIRECTOR'S STGNATURE

BURIAL CREMATION, 226. DATE THEREOF

1942, that I last saw the deceased 1960 _. and that death occurred at ADDRESS (Street, city_ar town, stote) DATE SIGNED ummu. \$2c NAME OF CEMETERY OR-CREMATORY 224_LOCATION (City, town, or county) (Stote) ADDRESS 24g REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Orthur & House 20 DATE



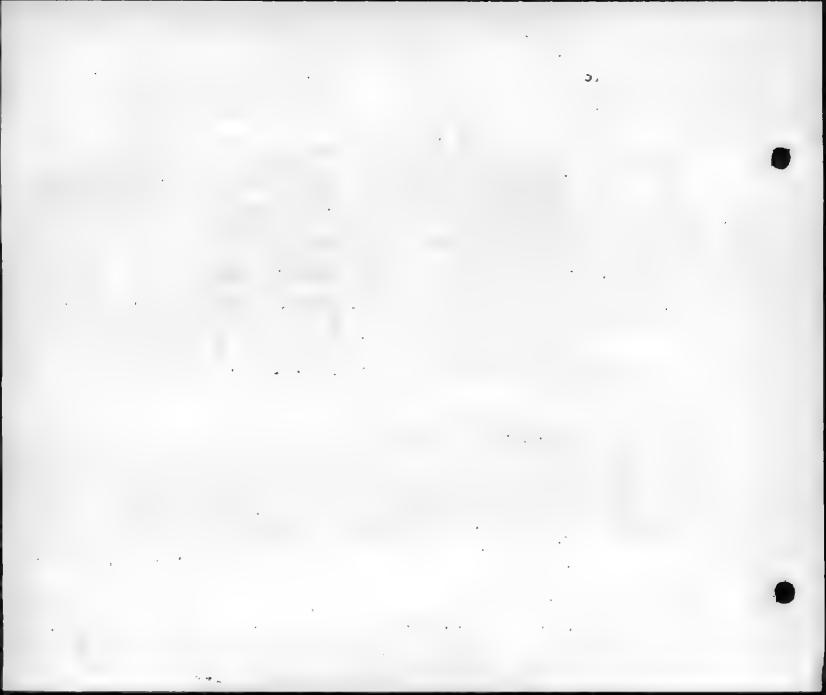
VS A15 (4) 15M 9/58

| MARYLAND | STATE DEPARTMENT | OF | HEALTH- | -BALTIMORE, | 18 |
|----------|------------------|----|--------------|-------------|----|
| 5727 | CERTIFICATE | OF | DEATH | | D |

CERTIFICATE OF DEATH

06858 Reg. Dist. No.

| 1. | PLACE OF DEATH O. COUNTY | rchester | | MARYLA | | - CTATE | aryla | | lived. If nstitute b. COUNTY | on: Resider Dorch | este | odmissi | on) |
|---------------|---|--|------------|----------------------------|---------------|-----------------|---------------------------|-----------------------|---------------------------------|----------------------|------------|-----------|-------------|
| | RURAL and give ne | outside corporate limi prest town) MDTICEE | ls, write | c LENGTH OF STAY IN | 11b | 1 | OWN (IF o | utside corpor Vien | ote fimits, write R | URAL ond | give near | est fown) | |
| | OR INSTITUTION | Ac (If not in haspital, g | | land Hospita | 1 | d STREET A | | 7 | | | e | IS RESI | FARM? |
| 3, | NAME OF DECEASED | Fir | 31 | Middle | | los | ŀ | 4. DATE OF | Mor | oth | Doy | Y | ear |
| | (Type or print) | Florer | nce | Mundy | | Parke | ľ | DEATH | May | • | 26 | 1 | 960 |
| S : | SEX | 6. COLOR OR RACE | 7 MARR | IED NEVER MARRIED | ☐ B. | DATE OF BIRTI | H | | 9 AGE (n yeors lost birthdoy) | Months | | | |
| | Female | Negro | WIDOWI | | | October | | | 74 yrs | Months | Doys | Hours | Min. |
| 10a | during most of warking Housework | N (Give kind of wark ing life, even if retired | dane 10b. | KIND OF BUSINESS OR I | INDUST | RY 11. BIRTHPL | yland | or foreign co | untry) | | S.A | | DUNTRY? |
| 13. | FATHER'S NAME | | | | | 14, MOTHER'S | MAIDEN N | IAME | | | | | |
| | William A. | Mundy | | | | Car | oline | L. Mo | ore | | | | |
| 15. | WAS DECEASED EVER | IN U. S. ARMED FOR | CES? 16. | SOCIAL SECURITY NO. | INI | ORMANT | | | Add | ress | | | |
| (18 | No (I | if yes, give wor or dates of s | ervica) i | Unknown | Mr | s. Laur | a V. | Pinder | . 16 Dob | son S | t., | Camb | ridge |
| | | TH [Enter only one co | use per lu | ne for (o), (b), and (c)] | | | | | | | | VAL BET | |
| | | H WAS CAUSED BY | | Cardiac I | Dec | ompens | atio | n. | | | ONSE | TAND | DEATH |
| | 490 | IMMEDIATE CAUSE (o | | oararao - | | 51125 02-4 | <u></u> | | | | | | |
| | Conditions, if an | which \ | | Arteriosc: | lar | otic H | eart | Dise | 886 | | | | |
| | gave rise to in | med ate | | WI OUT TODO | 2.02 | 0074 | | | | | | | |
| | cause (a), stating t lying cause last | he under- | | | | | | | | | | | |
| Z | | | | CONTRIBUTING TO DEATH | H BUT N | OT RELATED TO | THETERMI | NAL DISEASE | CONDITION G V | EN IN PAR | T 1(a, 19. | . WAS A | |
| X X | | Arter | ****** | | _ | | | | | | | PERFOR | |
| CERTIFICATION | 20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I | UNDERLYING | | CRIBE HOW INJURY OCC | URRED | {Enter nature o | finjery in f | Port I ar Part | II of item 1B.) | | | | |
| MEDICAL | 20c. TIME OF INJURY Hour a m. p. m. | Month, Day, Yes | While | Nat while | PLAC focto | E OF INJURY (| Home, farm bldg., etc. | 20f. (City | or town) | ſ. | County) | | (510te) |
| | 21. I certify the | at Lattended the | deceas | ed fram Dec | 1. | 19.59 | ta M | ay 26 | 19.60 | that I la | ist saw | the de | ceased |
| | alive an Ma | 26, | 196 | and that d | | | 9:05P | M, from t | | d an the | | stated | |
| | ACTUAL SIGNATURE | 12mg | u | -/ | M | 0 227 | | | ambrid | | l . | 5-3 | 30-60 |
| | PHYSICIAN'S NAME (Type) | I. Edwin Fa | sset | t | | | | | | | | | |
| 220 | BURIAL, CREMATION | | | 22c NAME OF CEMETE | RY OR | CREMATORY | | 22d LOCAT | ON (City, town, | or county) | | (State |) |
| | REMOVAL (Specify) | May 30, | 1960 | Salem Cem | ete: | ту | | Sale | n Dorch | ester | Co. | Md | • |
| 23. | FUNERAL DIRECTOR'S | | _ | ADDRESS | - 1 | 367 | 24a. REC'I | D BY REGIST | RAR 24b. REGI | STRAR'S SI | GNATURE | | |
| | J. J. Fra | mptom and | Son | Federa | LSD | urg, Md | DATE | UN 1 4 | 60 6 | Tallun | 8 Hue | u.d | |

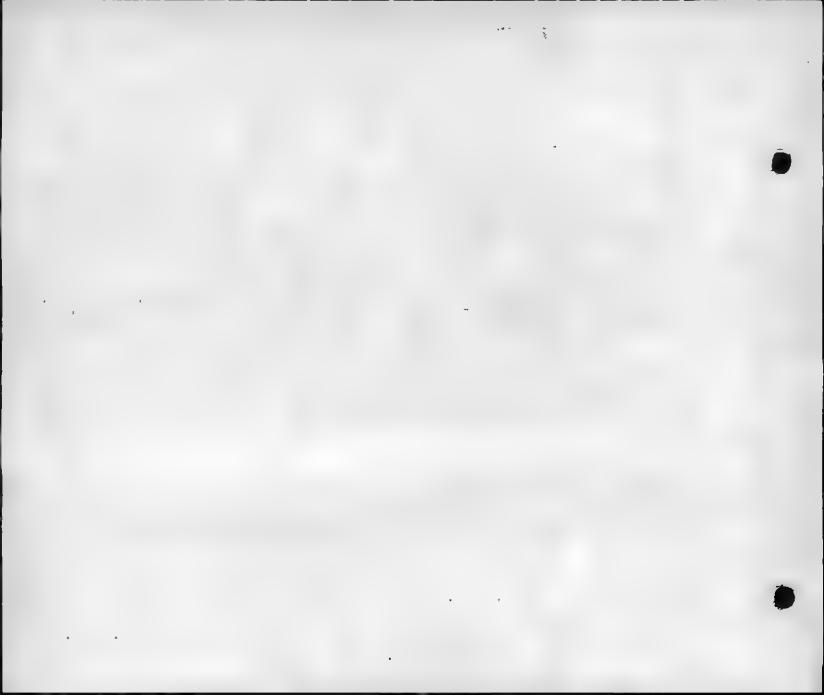


VS. A15ME(5) 5M 9/55 6

| MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR | E, 18 |
|--|-------|
| 5728 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 1 . |

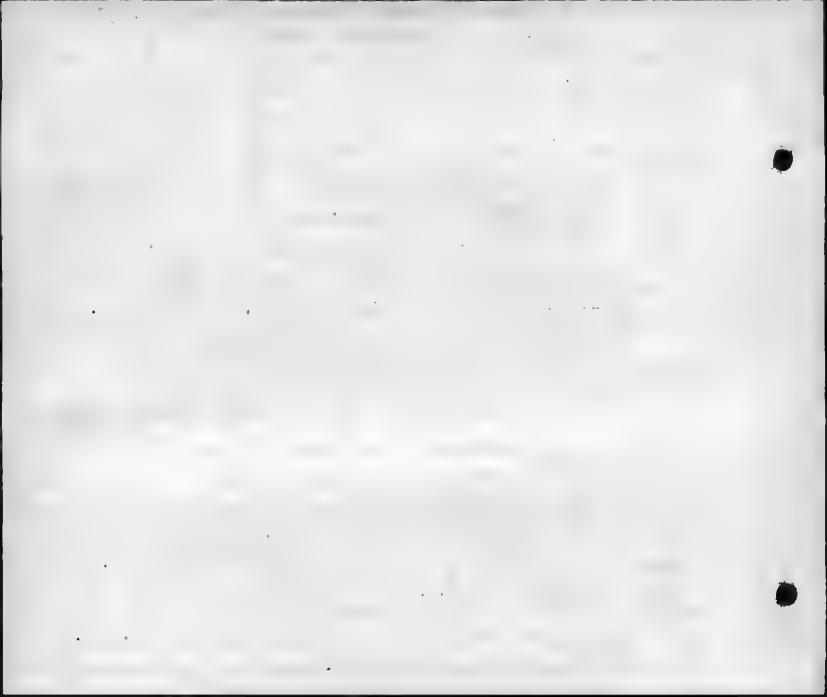
| | 01 | * C | 云 | · 3 |
|------|-------|-----|---|-----|
| Reg. | Dist. | No. | U | 1 |

| | · · · · · · · · · · · · · · · · · · · | | |
|--|--|--------------------------|--|
| 1. PLACE OF DEATH O. COUNTY DOrchester MARYLAND | a. STATE Maryland | b. COUNTY | n: Residence before admission) Dorchester |
| b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b and give nearest town) Cambridge Life | c. CITY OR TOWN (If outside co | rporate limits, write RU | IRAL and give nearest town) |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS | | e. IS RESIDENCE |
| Edgewood Ave. | Edgewood Ave | | YES NO |
| 3. NAME OF First Middle | Lost 4. DATE | Manth | Day Year |
| (Type or print) Villiam En, lebirth Bell Par | ker DEATH | May | 25 19 60 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1. 8. | | | UNDER TYEAR IF UNDER 24 HRS. |
| Male Megro widowed Divorced (| ct, 29, 1917 | last birthday) N | tonths Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired) | Y 11. BIRTHPLACE (State or foreign | country) | 12. CITIZEN OF WHAT COUNTRY? |
| Laborer Cleaning | Maryland | | USA |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | · · · · · · · · · · · · · · · · · · · |
| William Parker | imaggie Bell | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN [Yes, no, or unknown] [If yes, give wor or dates of service] 214-07-9806 F.] | FORMANT | 1020 | E. Hyde Prk. |
| PART I, DEATH WAS CAUSED BY: | mt 6-33 | | ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Con estive hes | rt lallure | | 7 |
| 1434 DUETO | | | |
| Candilions, if ony, which) (b) | | | |
| gave rise to immediate cause (a), stating the underlying DUETO | | | |
| cause last. | | | |
| PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERMINALDISEAS | SE CONDITION GIVEN | IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO F |
| PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | ter nature of injury in Part I or Part I | l of item 1B.) | |
| | E OF INJURY (Hame, form, 20f (City, street, affice bldg., etc.) | y or lawn) | (Caunty) (State) |
| 21. I certify that I took charge of the remains described above | e, held on Autopsy | nspection 🔼 | Inquiry [7], and find that |
| death resulted from: Notural causes 🔀, Accident 🔲, Suice | to the second to | indetermined cau | |
| ACTUAL SIGNATURE | M.D. CHIEF MEDICAL EXAMINER | | DATE SIGNED |
| examiner's John Mace Jr. M.D. | ASSISTANT MEDICAL EXAMINER | Z /27 / | 50 |
| 22d. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) | | ITION (City, town, ar t | county) (State) |
| Burial $5/30/00$ Lathel Gema | er Ca. | mbridge. | Dor. i.d. |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 24a. REC'D BY REGIS | TRAR 246. REGISTR | AR'S SIGNATURE |
| Herbert StClair, Cambridge, Id. | DATEJUN 1 0 '6 | io arthu | of S. Kinua |
| | | | |



| | | | MARY | LAND | | | INT OF HEALT | | IMORE, 1 | 8 () | 711 |
|--------|-----------------------|--|--|--------------------------------|--|-----------------|--|-------------------------|-----------------------------------|---------------|--|
| R) | | | 5729 | | CERTIF | ICA | TE OF DEAT | H | | Reg. Dist. | No. |
| [| o. CC | E OF DEATH | Dorches | ter | MARYL | AND | 2. USUAL RESIDENCE (W. o. STATE | there deceased | lived. If institute b. COUNTY | _ | chester |
| | b. CI' | RAL and give | (If outside corporate lim | | c. LENGTH OF STAY II | ИЗЬ | c CITY OR TOWN (IF | outside corpor | ote limits, write R | | |
| , | d. NA | | ITAL (If not in hospital, o | | | | d. STREET ADDRESS | | Street | | e IS RESIDENC ON A FARM YES NO |
| p* . [| 3. NAM DECE | E OF ASED or print) | Fin Do To a | | Middle | | Lost | 4. DATE OF DEATH | Mor | | Day Year |
| | 5. SEX | | | 7. MARRI | Sylvest ED NEVER MARRIE | 0 0 | Plater DATE OF BIRTH | | 9 AGE (In years lost birthday) | | 5 1960 EAR IF UNDER 24 H |
| | Ma 10a USI duri | JAL OCCUPAT | Negro ION (Give kind of work rking life, even if relired | done 10b. I | MAN TO THE PARTY OF THE PARTY O | | AUG. 10 | 1886 e or foreign co | unity] yrs. | 12. CITIZE | N OF WHAT COUN |
| | I3. FATH | Farm ER'S NAME | ier | | Varming | | Dorches 14. MOTHER'S MAIDEN | ter Co | ounty, M | d | .USA |
| , | 15. WAS | | lexander ER IN U. S. ARMED FOR | | ter SOCIAL SECURITY NO. | 17, IN | FORMANT | Louis | a Keen | | |
| I | 1 - | Vo | | | None | C | lifton Pla | ter. | Cambri | dge. N | /Id |
| | go cot lyi | enditions, if we rise to ise (a), stating ng couse lost Part II. O | immediale DUE TO |) | ONTRIBUTING TO DEA | TH BUT N | NOT RELATED TO THE TERM | MINAL DISEASE | CONDITION GIV | EN IN PART 16 | 19. WAS AUTOP PERFORMED? YES NO |
| | OR (IF E | ACCIDENT W CONTRIBUTING TITHER, NOTIF | YAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER | 20b. DESC | RIBE HOW INJURY OC | CURRED | (Enter nature of injury in | Port I or Port | Il of item 18.) | | |
| | WEDICAL 20c. | TIME OF INJU Hour a.m. p. m. | | ar 20d. IN While of work | _ Not while | 20e PLA Foct | CE OF INJURY (Home, for ory, street, office bldg., et | m, 20f. (City | or town) | (Cour | nly] (Sto |
| | ali | I certify to the con_Ma | Mike- | 199 | and that | mbe: death | occurred at | ADDRESS (Sir | | and on the | t saw the decendate stated about 5-6-6 |
| | 220. BUF | SICIAN'S VIE (Type) | ON, 22b. DATE THEREO | | ett, M.D. | TERY OR | CREMATORY | 22d. LOCAT | ION (City, town, | or county) | (State) |
| 7 | | OVAL (Specification) | 5/8/19 R'\$/SIGNATURE 0 | 60 | Old Fie | 10 (| Temetery | - | cheste | | Md |
| ľ | 1/ | 1.4. | 111/11/1 | | 1. | | 240. KEY | . P DI KEGISII | Ch Lab. KEO! | STAN 3 SIGNA | 11 Aur |

TO HOSPITAL OR ATTENDING PHYDICIAN: The low requires that the death mutificate be executed within 24 hours after death. Page 4



FUNERAL DIRECTOR'S AND INABURE

ofler deoth. within 24 certificole TO FUNE VS A15 (4)

05712 Reg. Dist. No. Dorchester e. IS RESIDENCE ON A FARM? YES NO I Day Yeor 1960 May IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? USA Robinson Address Cambridge, Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO

(State)

(Stote)

(County)

ine St-Combridge . Ild.

Cambridge, Maryland ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAY 1 1 '60 Cambridge, Md. arthur S. Frank



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

 IS RESIDENCE ON A FARM?

YES NO TO

Year

Hours

INTERVAL BETWEEN ONSET AND DEATH

10-15 mins

unknown

PERFORMED? NO Tal

DATE SIGNED

5 - 1.3 - 60

(Stote)

(Stote)

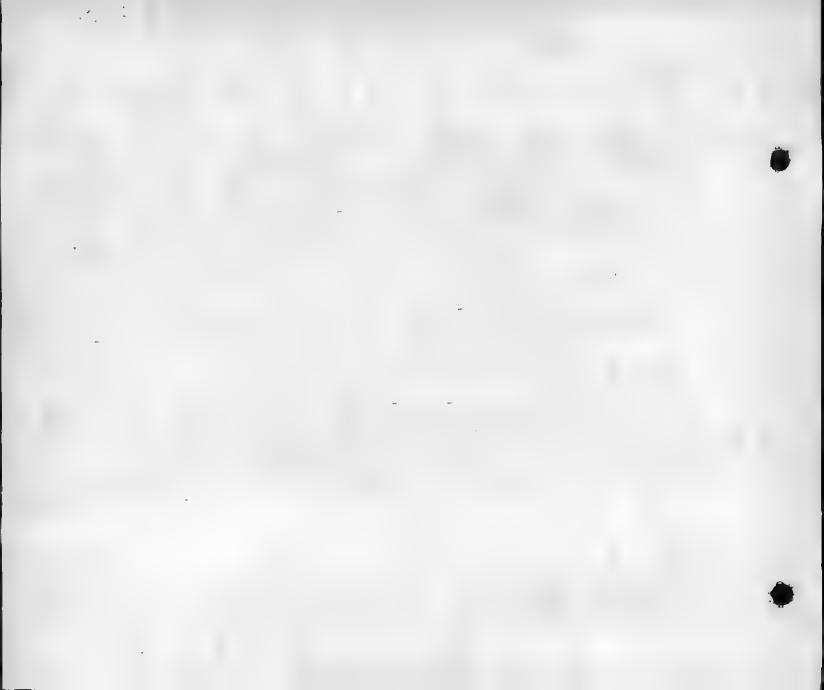
19 60

Min.

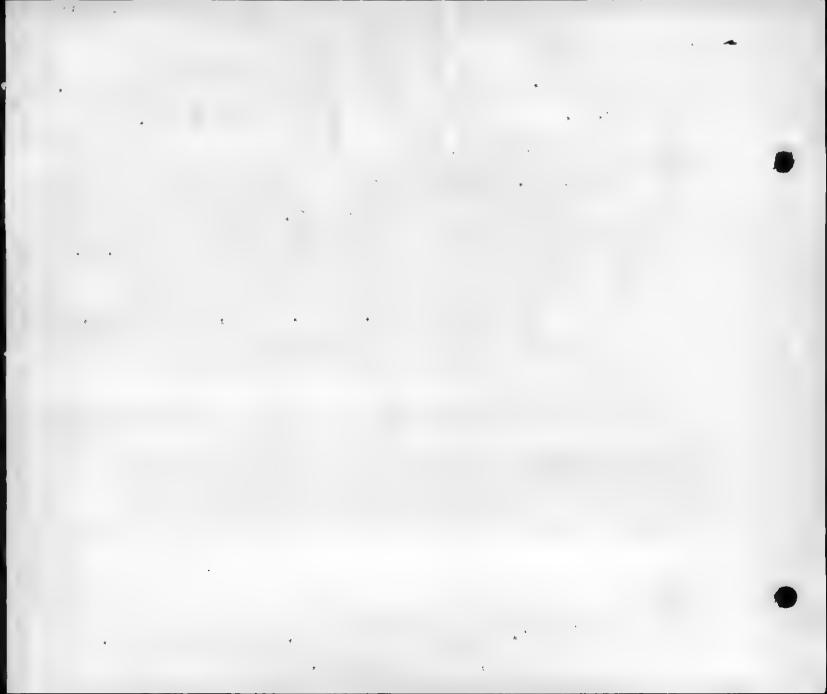
Day

10

DEPUT



| 1 | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05714 |
|--|---|
| | 5732 CERTIFICATE OF DEATH Reg. Dist. No. |
| r death: Page funeral director | Dorchester Co. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge, Md. 2 USUAL RESIDENCE (Where deceased lived in institution Residence before admission) b. COUNTY Maryland County Maryland C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge, Md. 3 Days 1 USUAL RESIDENCE (Where deceased lived in institution Residence before admission) b. COUNTY Maryland C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fishing Creek, Maryland |
| bours ofter de | d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Cambridge, Maryland, Hospital None e IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \) |
| fille ges 1 | 9. NAME OF DECEASED (Type or print) Hennie C. Thomas Simmons 4. DATE Month Day Year OF DEATH 5. 19.60 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years [IF UNDER 1 YEAR] IF UNDER 24 HRS |
| campletely papers. Po | Female White WIDOWED DIVORCED 3/16/1931 Jost birthdoy) Months Doys Hours Min |
| and and and | during most of working life, even if retired) HOUSEWIFE HOUSEWIFE HOUSEWIFE HOUSEWIFE HOUSEWIFE HOUSEWIFE MARYLAND 14 MOTHER'S MAIDEN NAME |
| rifficate by physician smave carl haurs affe | Lester Thomas Netha Moore |
| is the faw requires that the death cert ag physician. It is been signed by the attending potential-transit permit. Then please referenced, and in any event within 72 hermanal, and in any event within 72 hermanal. | Testin P Simons Fishinton Creek Mary Land |
| PHYSICIAN: If ar attending his certificate use as the bu matian, ar re | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of |
| IAL OR ATTENDING I | 27. I certify that I attended the deceased fram. 4-12:, 1956, to 5-12, 1960, that I last saw the deceased alive an 5-12, 1960, and that death accurred at 4 M, fram the causes and an the date stated above. ACTUAL ACTUAL SIGNATURE M.D M.D M.D M.D MARE (Type) |
| may be TO FUNE: page 3 show the registrar | 220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stote) PUTIAL 5/11/1960. Dorchester Memorial Park. Cambridge, Maryland. 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE |
| VS A15 (4) | Le Compte Funeral Service, Cambridge, Marylandone 18 18 18 18 18 18 18 18 18 18 18 18 18 |



VS. A1SME(S)

SM 9/55

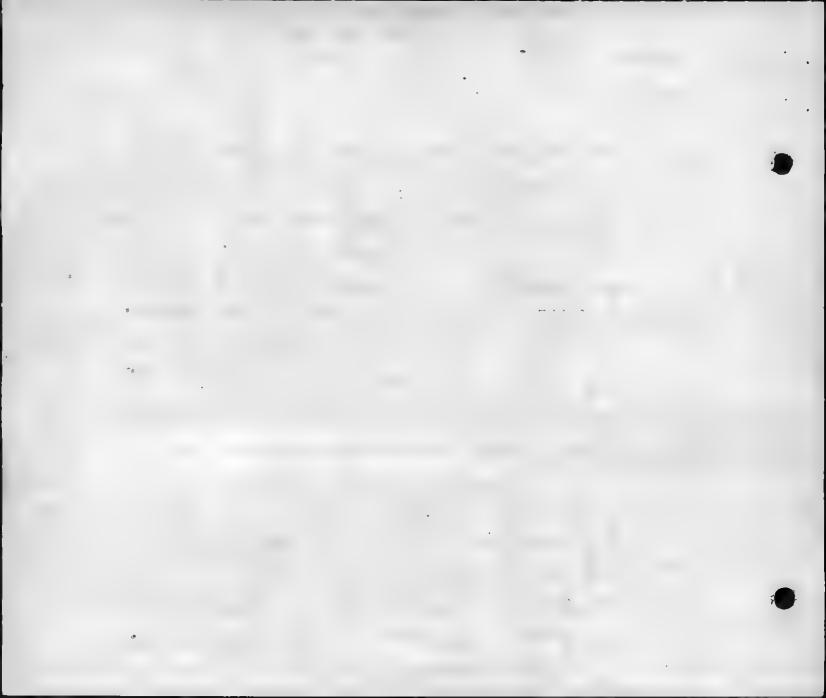
05715

| | UIUU T | tem 8 Film Go4 | 6/13/60 | iwk | | Reg. Dist. No. | | | |
|---|---------------------------------------|---|---|-----------------------------|-----------------------|----------------|-----------------|--|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | | | | | |
| o. COUNTY | rchester Co. | hester Co. MARYLAND | | o. STATE Marry and b. COUNT | | | Dorchester Co. | | |
| b. CITY OR TOWN (IF | putinde corporate limits, write RURAL | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (I | f outside corpo | rate limits, write RL | | | | |
| and give nearest town) | 3.5 9 9 | Idfe | Cambride | | _ | | | | |
| d. NAME OF HOSPITA | | in hospital, give street address) | d. STREET ADDRESS | (G. Marr) | rland. | | B. IS RESIDENCE | | |
| | 34 | | 7 | C | . 10. | | ON A FARM? | | |
| Cambridge | | ospital. | li RakaDa | Cambri | | | YES NO D | | |
| 3. NAME OF DECEASED | First | Middle | Lost | 4. DATE OF | Month | Day | Year | | |
| (Type or print) | | n Sidney Spedde | | DEATH | 5_ | 17 | 1960 | | |
| S. SEX | 6. COLOR OR RACE 7- M | ARRIED NEVER MARRIED 8 | . DATE OF BIRTH | 9 | ford heath does | | F UNDER 24 HRS | | |
| Male | White WIDE | OWED DIVORCED | 8/4/X 004 1 | 909 | 50 yn. " | ignins Ddys P | Mill. | | |
| 100. USUAL OCCUPATIO | IN (Give kind of work done) | 106, KIND OF BUSINESS OR INDUST | RY 11. BIRTHPLACE (Stole | or foreign cou | nlry) | 12. CITIZEN OF | WHAT COUNTRY | | |
| Sea Food | | | r Maryland | | | U.S.A. | | | |
| 13. FATHER'S NAME | 41-1 | | 14. MOTHER'S MAIDEN | | 0000 | | | | |
| Calvin Sp | edden | | Julia Mi | tchell | | | | | |
| IS. WAS DECEASED EVE | R IN U. S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. II | NFORMANT | L OULO ALL | Address | | | | |
| No. no. of unknown) | No. | Unknown | Mrs Sidney S | eabbor! | Combant | as Masser | land | | |
| / | H [Enter only one cause per | | Mrs Sidney S | beddett | Cambrid | | L BETWEEN | | |
| | H WAS CAUSED BY | | | | | ONSET A | AND DEATH | | |
| | IMMEDIATE CAUSE (6) | Joronary occlu | sion | | | | hr. | | |
| 4-20 | DUE TO | | | | | | | | |
| Conditions, if or | | | | | | | | | |
| gove rise to immed (o), stating the u | | | | | | | | | |
| couse lost. | (c) | | | | | | | | |
| Z PART II, OTH | | S CONTRIBUTING TO DEATH BUT N | NOT RELATED TO THE TERM | INAL DISEASE O | CONDIT ON GIVEN | | WAS AUTOPSY | | |
| PART II, OTH 20a EXTERNAL CAU PRIMARY D or CON CAUSE OF DEATH. | - | | | | | | PERFORMED? | | |
| 200 EXTERNAL CAU | ISE WAS 206, DES | CRIBE HOW INJURY OCCURRED (E | nter nature of injury in Por | t Lot Port II of | item 18 t | | | | |
| PRIMARY OF CON | ITRIBUTING 🗆 | 1 | and hard or injury as to | r t ur s qii ii we | 11011 101) | | | | |
| | | 20d. INJURY OCCURRED 20e. PLA | CE OF BUILDING (I) (| 000 (00) | 1 | 100 1 1 | 761 1 | | |
| 20c. TIME OF INJUR | | | CE OF INJURY (Home, form ory, street, office bidg., etc. | n, i 20f (City o -) | r Igwn) | (County) | (Stote) | | |
| ₹ p. m. | 19 | ot work ot work | | | | | | | |
| 21. I certify th | ot I toak charge of t | he remoins described obo | ve, held on Autops | y 🔲, Ins | pection 🔼, | Inquiry [], | ond find the | | |
| death resulted | from: Natural cause | es 🔀, Accident 🔲, Sui | cide 🔲, Homicide | , Und | tetermined cou | ose 🔲. | | | |
| |) | 0 | | | | | | | |
| ACTUAL SIGNATURE | Yann' | me X | M.D. CHIEF MEDICAL E | XAMINER 🗍 | | C | DATE SIGNED | | |
| 310HATORE / | | | ASSISTANT MEDIC | AL EXAMINER | | | | | |
| EXAMINER'S NAME (Type) | form 1 ce Jr | . M.D. | DEPUTY MEDICAL | | 5/21/ | 60 | | | |
| 220. BURIAL, CREMATION | | 22c. NAME OF CEMETERY OR | | | ON (City, town, or | | (Stole) | | |
| REMOVAL (Specify) | 5/19/60 | | | | | | (310)e) | | |
| 23. FUNERAL DIRECTOR'S | | Dorchester Me | | D BY REGISTRA | | AR'S SIGNATURE | | | |
| | | ce, Cambridge, M | d. | | | ARS SIGNATURE | | | |
| THE CONTROL | THE TOTAL | 00, 0000 | DATE | W 1 On | | -) 21 , 44 | | | |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



| 7 | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 |
|--|---|
| * %5 | 5734 CERTIFICATE OF DEATH Reg. Dist. No. 06865 |
| Page | PLACE OF DEATH o. COUNTY 2 USUAL RESIDENCE (Where deceased lived. If institutioni Residence before admission) o. STATE b. COUNTY |
| - 5g 1/1) | Dorchester Maryland Dorchester |
| funeral and be fi | b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) |
| fun de la de | Cambridge Life / Cambridge |
| offe sha sha | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION e. IS RESIDENCE ON A FARM? |
| d by | Cambridge Maryland Hospital 216 Cedar Street 1850 NOTE |
| 5 6 | NAME OF First Middle Lost 4. DATE Month Day Year OF |
| es fil | (Type or print) David Spicer DEATH May 28, 1960 |
| Page 1 | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min. |
| Plet 7 | Male Negro WIDOWED DIVORCED Sept. 4, 1918 41 vrs. |
| cute dipe | during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) |
| and con p | None Dorchester Co. Md. USA |
| 7 - 0 | FATHER'S NAME |
| physician physician haurs of | Unknown Cora Spicer, Cambridge, Md. |
| | . WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address |
| ing ing | No None Cora Spicer, Cambridge, Md. |
| ending ending ilease re ithin 77 | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH |
| en g | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) |
| that the by the t. The y even | DUE TO |
| s the | Canditions, if any, which) (b) |
| gnec in a | gove rise to immediate DUE TO |
| Sil Sil | lying couse last. (c) |
| ow rsici rsici beet Iran | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? |
| ph) | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO OCCUPANTIAL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO OCCUPANTIAL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO OCCUPANTIAL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO OCCUPANTIAL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? |
| F. T. During ren | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH |
| IIAh Ifica Ifica Ifica Ifica | |
| r at cert cert fran | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while of work |
| this in the series | Hour o. m. While Not while of work of work of work |
| NG ter ter transfer of the tra | 21. I certify that I attended the deceased fram 5/27, 1960, to 1960, that I last saw the decease |
| She ho | alive an |
| T 4 S de | ADDRESS (Street, city or town, state) DATE SIGNE |
| 0 P E C P | SIGNATURE CANCELLE MANYOUN M.D. 136 MR. CEST 6/7/6 |
| ined bired auld be or prior | Manual Carel 1 and 1 |
| 를 등 등 | NAME (Type) Lawrence Maryanov Cambridge, Md |
| John John John John John John John John | BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) |
| ■ 0 <u>~</u> 8 9 | Burial 6/2/2960 Bethel Cemetery Cambridge, Md. |
| 7 7 | FINERALDIRECTOR'S SIGNATURE A ADDRESS 24g. REC'D BY REGISTRAR'S SIGNATURE |
| VS A15 (4) 15M 9/55 | Jula / Stlare Cambridge Md. DATE DON 10'60 Onthey S. Thomas |
| | |



CERTIFICATE OF DEATH

that the death certificate

5748 1. PLACE OF DEATH o. COUNTY OFCAR CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) FIGAR d NAME OF MOSPITAL (If not in hop'tal, give street oddress) OR INSTITUTION ASTERN DECEASED (Type or print) 5. SEX

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARKET LAND c. LENGTH OF STAY IN 16

b. COUNTY DEEN c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

4. DATE

DEATH

d STREET ADDRESS

Last

e IS RESIDENCE ON A FARM? YES NO

Year

3. NAME OF

6. COLOR OR RACE WIDOWED |

7. MARRIED NEVER MARRIED XI DIVORCED |

Middle

88

B. DATE OF BIRTH

DLOWMEN

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country)

8 9. AGE (In years lost birthday) Manths 0 YES

Manth

19 60 • # UNDER I YEAR IF UNDER 24 HRS Hours Dovs

INTERVAL BETWEEN

PERFORMED?

YES NO

12 CITIZEN OF WHAT COUNTRY?

Day

during most of working life, even if retired) NONE

14 MOTHER'S MAIDEN NAME

13 FATHER S NAME

IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO

17 INFORMANT

Address

CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which

(b) gave rise to immediate **DUE TO** cause (a), stating the under-

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.)

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Month,

23b. DAJE THEREOF

Doy, Year 20d. INJURY OCCURRED While Not while

20e. PLACE OF INJURY (Home, form, 20f (City or town) foctory, street, office bldg., etc.)

(County)

MEDICAL Haur a.m. p. m. 21 I certify that (I) (this haspital) attended the deceased from 100 to 22

CERTIFICATION

at wark at wark

(State)

saw the deceased alive an 22a. SIGNATURE

20c. TIME OF INJURY

lying cause last.

____19.65, and that death accurred at 138.4M, from the causes and on the date stated above.

ATTENDING PHYS DIRECTOR

PHYS

22b. DATE SIGNED -18-60

22c PHYSICIAN'S NAME (Type)

23g-BURIAL CREMATION,

REMOVAL (Specify)

23c NAD

22d ADDRESS

(Stote)

24. FUNERAL DIRECTOR'S SIGNATURE

クロ

25g. REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE

1957, to May 10, 1960, that (1) (may last

DATE

arthur S. Frank

VR A15 (4) 15M 9/59

シャンド・ションティン・ション・ · 1145/ · 1 27/15 10 12 001 0 25 20 4 3 144 1 ad The or rain were rest. Las & Statist 0\$ 12.11 Pt volt 1- M Hoski , recesses Cambridge dia Cerebral Fragmorring of i'ms · 100 21 holy 15 22 holy es town of the course of The stage okili or inder o oplant and s

after death

within 24

certificole

death

requires that



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

AND (15718

| | 5749 CERTIFICATE OF DEATH |
|---|--|
| | PLACE OF DEATH O COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY b. COUNTY |
| | Dorchester Maryland Worcester |
| | b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) |
| | Cambridge Beran City |
| | d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? |
| | Eastern Shore State Hospital . YES INO S |
| | 3 NAME OF DECEASED (Type or print) DEATH AND Day Year DECEASED (Type or print) DEATH 11 DEATH |
| | 5 SEX 6 OQLOR OR FACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE 11 years IF UNDER 1 YEAR IF UNDER 24 HRS |
| | WIDOWED TO DIVORCED WILL STORY OF THE WORK MIN |
| 1 | 100 JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11) BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY |
| P | during most of warking life, even if retired) |
| | TETINED HOME VIVA HOME VILGINIS |
| - | 13. FATHER'S NAME |
| | SAMUEL JOHNSON SARAH JOHNSON |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) [If yes, ove war or dates of service] |
| | 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] |
| | PART I. DEATH WAS GAUSED BY |
| | IMMEDIATE CAUSE (a) DUE TO |
| | |
| | Conditions, if ony, which (b) |
| | couse (a), stating the <u>under-</u> |
| | lying couse lost. (c] (c) (c |
| | PERFORMED? |
| | YES NO NO |
| | 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part Lor Port If of Item 18) |
| | |
| | 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a, m p. m. 19 While of wark at a w |
| | While Not while of work of wark |
| | 21 I certify that (I) (this haspital) attended the deceased from C.T |
| | saw the deceased alive an 112 1 19 2 and that death accurred at 200M, from the cause and on the date stated above |
| | 220 SIGNATURE 226 DATE |
| 7 | ATTENDING MED STAFF STAF |
| | 22c PHYSICIAN'S 22d ADDRESS |
| | NAME (Type) Thomas I. Dredge Can bridge Wild. |
| | 230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERS OF CREMATORY 23d LOCAT ON (City, town, or county) (Stole) |
| | BEMOVAL (Specify) 514 60 CLARK (EM, FOX HILL VA |
| | 24 FUNERAL DIRECTOR'S SIGNATURE A ADDRESS A 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE |
| | Day & Bushes Bushes Marine |
| | DATE MAY 4 60 Cilius S. Frank |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely file. In the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event within 72 power after death. VR A15 (4) 15M 9/59

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6 2 1 12 1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 750 CERTIFICATE OF DEATH

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| | 1 PLACE OF DEATH O. COUNTY O. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where decounts) O. STATE | teased lived If institution. Residence before admirision) b COUNTY |
|------------------|--|--|
|) | RJRAL ond give negrest/town) | corporate limits write RURAL and give nearest town) |
| < | d NAME OF HOSP TAL (If pollyin hospital, give street address) OR HIST TUDON (IL UNION TO THE PROPERTY OF THE | e is residence on a farm? YES \(\) NO \(\)? |
| | 3 NAME OF DECEASED (Type or print) hat the sine Elizabeth Willough by DE | ATH Sont Son Year 1960 |
| ۲, | S. SEX) 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH / 188 | 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min |
| | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slove or fore during most of working life even if retired) | ign country) 12 CITZEN OF WHAT COUNTRY? |
| | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHESTALL | Todding ton. |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 172. INFORMANT (Yes, no, or unknown) 172. NFORMANT (Yes, no, or unknown) 174 yes, give wor or dates of service) | hillory of feeling. |
| | 18. CAUSE OF DEATH [Enter any one cause per line for (o), (b) and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO | interval between onserand death 3-6 WKs |
| | , (6) | sclenabis 1941s |
| | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DE 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) | PERFORMED? |
| | | r Part II of item 18) |
| | 20c. TIME OF INJURY Manth, Day, Year 20d. thJURY OCCURRED Haur a. m. 19 While Not while at work at work | (City or town) (County) (State) |
| | 21 I certify that (I) (this haspital) attended the deceased from 5/20 19/00 saw the deceased alive on 5/10 19/00 and that death accurred at 6/10, fr | (1) (10) |
| 1000 VICTOR 1000 | 220. SIGNAPURE ATTENDING MED DIRECTOL | STAFF |
| 1 | 22c PHYS CLAN'S NAME (Type) Hay or old 13. Plummen Pry try | Morylon of |
| | REMOVAL (Specify) w/1/60 Cast les prailed an | OCATION (City, town, for county) |
| | 24 FUNERA DIRECTOR'S CONSTRUKE ADDRESS ADDRESS ONTE JUN 6 | EGISTRARO 256 REGISTRAR'S SIGNATURE |

O HOS — I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 3 may the lined by the haspital or attending physician.

O FUNI DIRECTOR: After this certificate has been signed by the attending physician and campletely filling in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Baard of Health prior to burial, crematian, ar remayal, and in any event, within 72 haurs after death may t TO HOS

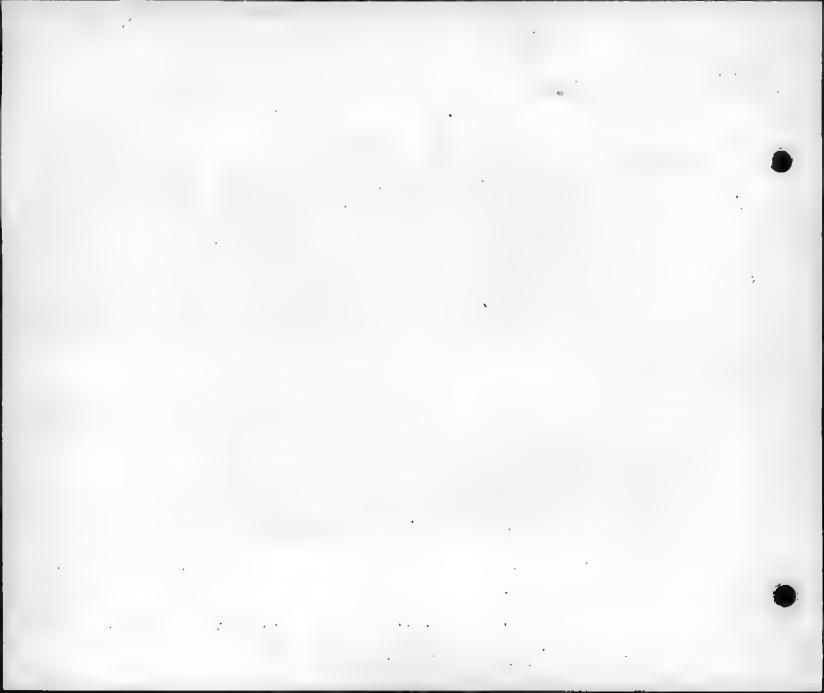
VR A1S (4) 15M 9/59



Chestertown, Md.

VS A15 (4) 15M 9/58 DATE MAY 2 3 '60

Onthun & Kines



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| 0102 | | | | | Keg, Dist. N | ю. | |
|--|--------------|----------------------------|------------------------|---|----------------|------------|--------------------|
| 1. PLACE OF DEATH o. COUNTY | | 2. USUAL RESIDENCE | (Where deceased I | | : Residence be | fore odmi: | ssion) |
| Dorchester | MARYLAND | 0.0 | aryland | b. COUNTY | Dorch | este | r |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | STAY IN 16 | c. CITY OR TOWN | I (If outside carporat | le limits, write RUI | AL and give n | earest fow | m) |
| Rural-Cambridge Life | е | × R | ural-Cam | bridge | | | |
| d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION | | d. STREET ADDRES | SS | | | | SIDENCE A FARM? |
| RFD #3 | | R | FD #3 | | | |] № 🛛 |
| 3. NAME OF First M | iddle | Lost | 4. DATE OF | Month | 1 | Doy | Year |
| (Type or print) Alice | | Wing | DEATH | Mar | 7 | 4 | 1960 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER M | ARRIED 8 | B. DATE OF BIRTH | 9. | | FUNDER I YEA | | |
| T CHIEF TO THE STO | ORCED 🗌 | May 1. | 1872 | 88 yrs. | Months Days | Hours | Min. |
| 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINE during most of working life, even if retired) | SS OR INDUS | TRY 11. BIRTHPLACE (| State or foreign cour | ntry) | 12. CITIZEN | OF WHA | T COUNTRY |
| Housewife House | wife | Dorch | ester Co | unty, Mo | | USA | |
| 13. FATHER'S NAME | | 14. MOTHER'S MAID | EN NAME | , | | | |
| Unknown | | | Cassie | Warfie | eld | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY [Yes, no. or unknown] If yes, give wor or dates of services | Y NO. 17. IN | IFORMANT | | Addres | s | | |
| No ===== | I | vdia Ham | ilton. R | ED 3. C | ambri | dge. | Md. |
| 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and | d (c).] | | | | | TERVAL B | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cardiova | scula | r Accider | nt | | 0, | ASET AND | DEALT |
| DUE TO | | | | | | | |
| Conditions, if any, which) (b) | | | | | | | |
| gave rise to immediate cause (e), stating the under- | | | | | | | |
| lying cause lost. (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO | DEATH BUT I | NOT RELATED TO THE T | ERMINAL DISEASE C | ONDITION GIVEN | N IN PART 1(0) | 19. WAS | AUTOPSY ORMED? |
| 3 Arteriosclerot | ic he | art disea | ase | | | YES [| |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Arterioscient Arterioscient OR CONTRIBUTING CONTRIBUTIONS Arterioscient Conditions Arterioscient Conditions Arterioscient Conditions Arterioscient Conditions Arterioscient Arterios | | | | of item 18.) | | | |
| | 20e. PLA | CE OF INJURY (Home, | farm, 20f. (City or | lownl | (Count) | r) | (Stote) |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while p. m., 19 of work of work | foct | lory, street, office bldg. | , etc.) | , | (Coon) | ,, | (o.o.e) |
| | | 3-50 | Morr 1. | . 60 | | | |
| 21. I certify that I attended the deceased from De | , , , , | , 19 <u>5</u> 2, to | | 1900 | that I last: | saw the | decease |
| alive on May 19 60, and t | that death | occurred at | | | | | |
| ACTUAL SCULTTERS | | 227 1 | Pine St- | ct, city or town, ste | | _ | ATE SIGNE |
| SIGNATURE TO TOTAL | A | A.D | THE SO | Oampi.To | ge, ma | - 22 | 4-00 |
| PHYSICIAN'S J. Edwin Fassett, M. I |) | | | | | | |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF | CEMETERY OR | CREMATORY | 22d. LOCATIO | IN (City, town, or | county) | (Sto | ite] |
| REMOVAL (Specify) Burial 5/8/1960 Becky | ith Ce | emetery | Dor | chester | Coun | tv. | Md. |
| 23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | | REC'D BY REGISTRA | | RAR'S SIGNAT | | 1.10 |
| Muhert M/ St lace & Cam | bridge | e, Md. DAM | AY 11 '60 | artin | 2 S. Kran | 4 | |

may be ned by the haspital or attending physician.

O FUNEK. DIRECTOR: After this certificate has been signed by the attending physician and campletely fille by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. E OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITA may be VS A15 (4) 15M 9/55

ON THE RESIDENCE OF THE MYDAYS OF TAXE VICE PRESENT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFIC 5753 filed with PLACE OF DEATH o. COUNTY Dorchester MARYLAND the funeral shauld be fi hours ofter death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) rural Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Eastern Shore State Hospital NAME OF DECEASED Middle within 24 (Type or print) E. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED letely white WIDOWED A DIVORCED T popers. compl 10a USUAL OCCUPATION (Give kind of work done of the kind of BUSINESS OR INE during most of working life, even if retired) HOUSEWOIK death puo corbon certificate be 13. FATHER'S NAME physician Abel Morris remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. no none offending death o 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ā DEATH WAS CAUSED BY: **DUE TO** þ ony Conditions, if any, which gave rise to immediate **DUE TO** cosse (a), stating the underond lying cause last. 3 should be detached for use as the burial-transit PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B CERTIFICATION removal, 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCUR WEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED Hour o. m. Not while at work at work 21. I certify that I attended the deceased fram DIRECTOR: ACTUAL PHYSICIAN'S Thomas J. Dredge NAME (Type)

226. DATE THEREOF

60

U.B.E.

ADDRESS

Church Cemeter

24a. REC'D BY REGISTRAR

DATE MAY 2 3 '60

24b. REGISTRAR'S SIGNATURE

Orthur L. Kruea

| CERTIFICA | ATE OF DEATI | Н | • | Re | g. Dist. | | 722 | r |
|--|---|------------------------|------------------------------------|----------|----------|--------|------------|--------------------------|
| MARYLAND | 2. USUAL RESIDENCE (W | here decease ind | d lived. If instit | | esidence | befa | re admissi | on) |
| LENGTH OF STAY IN 16 | c. CITY OR TOWN (If | outside carpa | rate limits, write | RURAL | and giv | e nec | rest fown |) |
| 34534/10 | Thah | 100 | N | | | 20 | X- | 2 |
| dresi) al | d. STREET ADDRESS | | | | | | ON A | DENCE FARM? NO 🗵 |
| Middle V | Vise | 4. DATE OF DEATH | Max | lonth U | 1 | 3 | , | rear 1950 |
| D NEVER MARRIED | 8. DATE OF BIRTH | | 9. AGE (In year last birthday | IF U | | | | R 24 HRS. |
| DIVORCED [| Feb 20 18 | 371 | | ns Mo | nths D | ays | Hours | Min. |
| ND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (State | or fareign c | ountry) | 1 | 2. CITIZ | EN O | F WHAT | COUNTRY? |
| lousework | Md. | | | | Ų | .S | | |
| | 14. MOTHER'S MAIDEN | NAME | | | - | | • | |
| | - | Lyı | nch | | | | | |
| CIAL SECURITY NO. 17. | NFORMANT | | A | ddress | | | | |
| none Ea | stern Shore S | tate 1 | Hospital | re | cord | S | | |
| for (o), (b), and (c).] | | 1 1 | | | | | RVAL BE | |
| ronic | Myocar | - 0.1. | a | | | ONS | ET AND | DEATH |
| Desce | neltat | 700 | | | | - more | Dn | K |
| | | | | | | | | |
| NTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEAS | E CONDITION O | SIVEN II | PART 1 | (a) 1 | PERFO | AUTOPSY RMED? NO 🔀 |
| IBE HOW INJURY OCCURRE | D. (Enter nature of injury in | Port I or Por | t II of item 18.) | | | | | |
| | | | | | | | | |
| URY OCCURRED 20e. PL Not white for at work | ACE OF INJURY (Home, farm ctory, street, office bldg., etc | n, 20f. (Cit) | or town) | | (Co | unty) | | (State) |
| fram /= 8-6 12 | | | | | | | | |
| , and that death | occurred of 11222 | | n the causes treet, city or tow | | | da | | d above. |
| Drelge | M.D. E.S.S. Hosp | | | | | M | lan | 13 h |
| ge O | | | | | | | 1 | |
| 22c. NAME OF CEMETERY O | R CREMATORY | 22d. LOCA | TION (City, tow | n, or co | uniy) | | (State | :) |

TO FUNE pode VS A15 [4] 1SM 9/SS

226. BURIAL, CREMATION, REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

| THE REAL PROPERTY. | HYARD TO STADRITUDE OF DEATH |
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| Section 1 | |
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